

-FILED-

APR 26 2024

At _____ M
Chanda J. Berta, Clerk
U.S. DISTRICT COURT
NORTHERN DISTRICT OF INDIANA

IN THE
INDIANA COURT OF APPEALS

Cause No. 23A-CT-1091 2:24-CV-149

Serge Winkler
v.

Appeal From Lake
Superior Ct.

Franciscan Alliance, Inc.
and
David John Harris MD.

Cause No.
45001-2104-
CT-000397

Honorable Sedica

Notice of Removal because
more parties have been added,
the amount in controversy is over
\$75,000. Due process rights are
being violated, defendants violated
federal statutes regarding non-
profit organization, and the public's
health is at stake.

The 14th Amendment to the U.S.
Constitution, provides that "no State
shall deny to any person within its
jurisdiction the equal protection
of the laws."

Address

Sonya Winkler
3826 - 170th Street
Hammond, IN. 46323

(219) 289-4840

UNITED STATES DISTRICT COURT for the
Northern District of Indiana
Hammond Division

VERIFIED THIRD PARTY COMPLAINT FOR MEDICAL MALPRACTICE, BATTERY,
FRAUD ON THE COURT, FRAUD, MISREPRESENTATION, ATTORNEY DECEIT,
COLLUSION, BREACH OF CONTRACT, BAD FAITH, MENTAL TRAUMA,
INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS, LOSS OF FREEDOM,
BREACH OF FIDUCIARY DUTY, CONVERSION, UNJUST ENRICHMENT, AND
INVASION OF PRIVACY

Sonya Winkler, Plaintiff
V,

2:24-CV-149

David John Harris M.D., Defendants
and

Franciscan Alliance, Inc.

V.

Donald John Trump, in his official capacity

Michael Pence, in his official capacity

Eric Holcomb, in his official capacity

Curtis Theophilus Hill, Jr., in his official capacity

Scott Miller, Hammond School Board Superintendent

Carlotta Blake, Hammond City School Board Member

Lisa Miller, Hammond City School Board Member

Cindy Murphy, Hammond City School Board Member

Manny Candelaria Jr., Hammond City School Board

Kelly Spencer, Hammond City School Board

Jeff Strack

Judge Kennedy Snyder

F.O.P. Association

Hammond Councilman Scott Rakos

Hammond Councilman David Worple

Hammond Councilman Selenas
Hammond Councilman Tyler
Hammond Councilman Spittall
Hammond Councilman Velez
Michael Paul Misch
Myra Renet Reid
Cary Powell Moseley
Postmaster
Tyler Technologies
Thomas Collins
Phil Scheringa
Representative Jackson
Pickleball Association
City of Hammond Firefighter Stephan Birdowski
City of Hammond Firefighter Carl Repay
City of Hammond Firefighter Mike Berdine
City of Hammond Firefighter Ryan Agiano
City of Hammond Firefighter David Weiss
City of Hammond Firefighter Daniel Dambala
Ann Tyler
Phil Talon
Nick Loxis
Todd Rokita, in his official capacity

My address is to remain private. They
are coming for me anyways.

I am suing 39 defendants
I have sued David John Harris M.D.
and Franciscan. I cannot tell you
where the actual case is because
I don't know if it exists.

CLAIMS and FACTS

DO: Write a short and plain statement telling what each defendant did wrong.

DO: Use simple English words and sentences.

DO NOT: Quote from cases or statutes, use legal terms, or make legal arguments.

DO: Explain when, where, why, and how these events happened.

DO: Include every fact necessary to explain your case and describe your injuries or damages.

DO: Number any documents you attach and refer to them by number in your complaint.

DO NOT: Include the names of minors, social security numbers, or dates of birth.

DO: Use each defendant's name every time you refer to that defendant.

DO: Number your paragraphs. *[The first paragraph has been numbered for you.]*

FEDERAL PRELIMINARY STATEMENT

1. This case is subjected to removal because more parties have been added, the amount in controversy is over \$75,000, Justice's due process rights are being violated, defendants violated federal statutes regarding non-profit organizations, and the public's health is at stake.

2. The Northern District territory has subject matter jurisdiction according to the Fifth Amendment of the United States Constitution. The Indiana Attorney General's office has no jurisdiction on this case because this case involves Marion County, which is southern district.

VENUE

3. Justice comes forward as required for democracy. This is not a case of book-keeping. This case is not a minor thing in the eyes of the law. This case belongs to the

federal court under 28 U.S.C. § 1331, the district courts shall have original jurisdiction of all civil actions arising under the United States Constitution, federal laws, or treaties is a federal question case.

PARTIES

1. At all times relevant to this cause of action, Plaintiff, was and is a resident of Lake County, Indiana.
2. In 2018, relevant to this cause of action being filed in Court, the Indiana Attorney General's office has been on this case for David John Harris, M.D. and Franciscan Alliance, Inc. (hereinafter "Franciscan").
3. In 2016, relevant to this cause of action, Defendant David John Harris, M.D. was and is a qualified healthcare provider practicing in Lake County, Indiana.
4. In 2016, relevant to this cause of action, Defendants ~~Franciscan~~^{SW}, itself, and through its employees, representatives, independent contractors and/or agents, was and is a qualified healthcare provider practicing in Lake County, Indiana. Tyler Technologies is global.
5. At all times relevant to this cause of action, Defendant Franciscan, was and is a qualified healthcare provider, with offices located in Lake County, Indiana.
6. At all times relevant to this cause of action, Defendant Michael P. Misch, was and is an attorney practicing in St. Joseph County, Indiana.

FACTS

1. Plaintiff presented to David John Harris, M.D. and Franciscan, for treatment of sitting pain on June 11, 2015. (Exhibit A). There was an intern

present which my former attorney, Michael Misch, never contacted. I received an injection that day for my bursitis and he ordered a MRI, which was done on June 23, 2015. (Exhibit B).

2. On July 2, 2015, Dr. Harris told me that I had a gluteus medius tear and needed surgery, he ended up writing the diagnosis on the actual MRI report and signed it. (Exhibit C). The medical record was blank (Exhibit D) from July 2, 2015 when I requested my medical records from Franciscan Medical Specialists on July 19, 2018. The release form states, "to Angel" and I initialed by "I understand that this release also pertains to records regarding the testing and treatment for alcohol/substance abuse, HIV and/or AIDS, or for psychiatric treatment or counseling or communicable disease, or genetic testing unless I have initialed here (Exhibit E). It was obtained by Franciscan Medical Specialists.
3. David John Harris, M.D. and Franciscan failed to obtain informed consent prior to the procedure.
4. An unnecessary surgery was performed on the Plaintiff.
5. The unnecessary and improperly performed surgery has now caused Plaintiff permanent nervous system injuries including:
 - Sciatic nerve injury with motor strength notable for weakness of hip abduction, hip adduction, hip flexion, knee extension, dorsiflexion and eversion primarily

- Complex Regional Pain Syndrome (CRPS), Type 1, of right lower extremity
- Allodynia, prior right lateral incision site
- Functional Neurological Disorder (FND)
- Chronic right peroneal nerve motor neuropathy with axonal damage
- Lesion of lateral popliteal nerve, right lower limb.
- Other specified mononeuropathies of right lower limb. Common fibular nerve impingement entrapment right lower extremity with weakness and drop foot deformity, superficial fibular nerve entrapment with pain in the right foot and sensory abnormalities, deep peroneal nerve entrapment right foot, mild superficial fibular nerve communication to the sural nerve leading to entrapment of sural nerve right impaired ambulation.

Other injuries include:

Hip instability, severe hip dysplasia, retroversion, re-torn labrum, loose IT band, hip ligamentum teres tear, medial patellar mal-tracking primary from poor hip ER function and secondary from internal rotation of femur, osteonecrosis of medial patella, Physical deconditioning, Muscle weakness, Muscle spasm, quadriceps atrophy, Chondromalacia - patellofemoral (grade II), early degenerative disease in medial compartment of right knee, internal derangement of right knee. Patellar

chondrosis with a zone of deep fissuring, thinning, and surface fibrillation.

Drop foot, right. Major depressive disorder and anxiety.

6. Plaintiff can no longer work, requires future surgery, and spends every second in pain.
7. Plaintiff filed suit in August of 2018 upon learning that the gluteus medius tear diagnosis was a blank record and Dr. Harris charted pre-op that there was no evidence of a gluteus medius tear on the MRI. Dr. Harris colluded with previous attorney, Michael P. Misch, who colluded with the Indiana's Attorney General Office (at the time held by Curtis Theophilus Hill, Jr.).

COUNT I
BATTERY BY DAVID JOHN HARRIS, M.D. AND FRANCISCAN

Plaintiff, Sonya Winkler, for Count I of her Proposed Complaint for Medical Malpractice against Defendant, Franciscan, states the following:

1. Plaintiff realleges rhetorical paragraphs 1 through 7 and incorporates them herein.
2. In September 2016, Defendant, Franciscan, by and through its employees, representatives, independent contractors and/or agents, provided medical evaluations, care and treatment to Sonya Winkler.
3. In September 2016, and at all times relevant to this cause of action, Defendant, Franciscan, by and through its employees, representatives, independent contractors and/or agents, owed a duty to Sonya Winkler to provide medical care within the appropriate standard of care.

4. In September 2016, and at all times relevant to this cause of action, Defendant, Franciscan, by and through its employees, representatives, independent contractors and/or agent, breached the duty it owed Sonya Winkler by failing to provide medical diagnoses and care within the appropriate standards of care.
5. Defendant, Franciscan, is liable for the negligent acts and/or omissions of its employees, representatives, independent contractors and/or agents, under the theories of respondeat superior, agency and/or vicarious liability.
6. Defendant, Franciscan, failed to properly diagnose.
7. Defendant, Franciscan, failed to obtain informed consent.
8. Defendant, Franciscan, performed an unnecessary surgery.
9. Defendant, Franciscan, failed to properly perform surgery.
10. Defendant, Franciscan, failed to diagnose a known complication from surgery.
11. Defendant, Franciscan, failed to provide adequate post op care.
12. Defendant, Franciscan, failed to attend to surgical complications in a timely manner.
13. Defendant, Franciscan, failed to refer.
14. Defendant, Franciscan, failed to maintain proper medical records.
15. Defendant, Franciscan, abandoned its patient.

16. As a direct and proximate cause of Defendant, Franciscans' breach of duty to comply with the appropriate standard of care, it proximately caused permanent damages to Sonya Winkler, including, but not limited to, additional surgery, additional corrective surgeries with a need for surgeries in the future, delayed treatment, delayed healing, delayed diagnosis, physical pain and suffering, loss of enjoyment of life, medical expenses, lost wages, longer recovery time, and permanent damages, as well as other damage all in an amount that is yet to be determined.

WHEREFORE, Plaintiff prays for judgment against the Defendant, Franciscan, in an amount reasonably adequate to compensate her for her loss and damages suffered, for the costs of this action, punitive damages for deleting medical record with the diagnosis of the partial gluteus medius tear, and for all other just and proper relief in the premises.

COUNT II
MEDICAL MALPRACTICE BY DAVID JOHN HARRIS, M.D. AND FRANCISCAN

Plaintiff, Sonya Winkler, for Count II of her Proposed Complaint for Medical Malpractice against Defendant, DAVID JOHN HARRIS, M.D., states the following:

1. Plaintiff realleges rhetorical paragraphs 1 through 6 and 1 through 15, and incorporates them herein.
2. On or about September 2016, and at all times relevant to this cause of action, Defendant, DAVID JOHN HARRIS, M.D., evaluated and treated Sonya Winkler and had a physician-patient relationship with her.

3. During this course of treatment, Defendant, DAVID JOHN HARRIS, M.D., owed Sonya Winkler a duty to provide medical care within the appropriate standard of care.
4. Defendant, DAVID JOHN HARRIS, M.D., breached the duty he owed Sonya Winkler by failing to comply with the appropriate standard of care concerning evaluation, care, and treatment of Sonya Winkler.
5. Defendant, DAVID JOHN HARRIS, M.D., failed to properly diagnose.
6. Defendant, DAVID JOHN HARRIS, M.D., failed to obtain informed consent.
7. Defendant, DAVID JOHN HARRIS, M.D., performed an unnecessary surgery.
8. Defendant, DAVID JOHN HARRIS, M.D., failed to properly perform surgery.
9. Defendant, DAVID JOHN HARRIS, M.D., failed to diagnose a known complication from surgery.
10. Defendant, DAVID JOHN HARRIS, M.D., failed to provide adequate post op care.
11. Defendant, DAVID JOHN HARRIS, M.D., failed to attend to surgical complications in a timely manner.
12. Defendant, DAVID JOHN HARRIS, M.D., failed to refer.
13. Defendant, DAVID JOHN HARRIS, M.D., failed to maintain proper medical records.
14. Defendant, DAVID JOHN HARRIS, M.D., abandoned his patient.

15. As a direct and proximate cause of Defendant, DAVID JOHN HARRIS, M.D.'s breach of duty to comply with the appropriate standard of care, it proximately caused permanent damages to Sonya Winkler, including, but not limited to, additional surgery, additional corrective surgeries with a need for surgeries in the future, delayed treatment, delayed healing, delayed diagnosis, physical pain and suffering, loss of enjoyment of life, medical expenses, lost wages, longer recovery time, and permanent damages, as well as other damage all in an amount that is yet to be determined.
16. Defendant, DAVID JOHN HARRIS, M.D.'s failure to comply with the appropriate standards of care, proximately caused permanent damages to Sonya Winkler.

COUNT III – MEDICAL MALPRACTICE BY DAVID JOHN HARRIS, M.D. AND FRANCISCAN (NEGLIGENCE INCL.)

COUNT IV - ATTORNEY DECEIT OR COLLUSION
(All attorneys listed)

The rest of counts for everyone else

COUNT V – INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS (IIED)

COUNT VI – BREACH OF FIDUCIARY DUTY

COUNT VII – CONVERSION

COUNT VIII – FRAUD

COUNT IX – MISREPRESENTATION

COUNT X – FRAUD ON THE COURT

COUNT XI – BREACH OF THE COVENANT OF GOOD FAITH & FAIR
DEALING

COUNT XII – BREACH OF CONTRACT

COUNT XIII – THEFT

WHEREFORE, Plaintiff prays for judgment against the Defendants, DAVID JOHN HARRIS, M.D., in an amount reasonably adequate to compensate her for her loss and damages suffered, for the costs of this action, punitive damages for deleting medical record with the diagnosis of the partial gluteus medius tear, and for all other just and proper relief in the premises. Plaintiff requests injunctive relief against Curtis Theophilus Hill, Jr. who is running for governor as he has the power to invade.

Plaintiff demands Trial by Jury.
Plaintiff demands David John Harris M.D. lose his license.
Pro se pleads that she cannot do an appropriate justice to this complaint because they follow me everywhere.
I believe this case has merit for the sake of all of us and future generations.
Donald Trump falsified business records to cover up a battery. I no longer think it's mine. p.12

Respectfully submitted,



Sonya Winkler, pro se

3826-170th Street

Hammond, IN. 46323

(219) 289-4840

- Exhibit A see 10 it says did not bill Medicaid
B certified records shows Medicaid bill
C Release of records from
"Franciscan Medical Specialists"
see signed/initialed not realize
it says genetic testing. They
are selling our bodies &/or
parts
D Requests for Admissions
E The response was from the
White House
F Cary Powell is Thomas Collins
wife

Cert. of Service

I verify + certify that I
Sent to Atty's on file
Via USPS on 4-26-24



Report Settings

Account: WINKLER,SONYA [988816]
 Patient: WINKLER,SONYA [E496835]
 Billing provider: Harris, David John, MD [62369]
 Submission Information
 User: [AMAD082]
 Time: Fri Dec 6, 2019 9:25 AM

Transaction Information

		Service Date From	Service Date To	Total Amount	
Charges		01/01/2012	12/06/2019	4,278.00	
Tx #	Procedure	Service Provider	Billing Provider	Date	Amount
6	99205-NEW PATIENT LEVEL V	Harris, David John,...	Harris, David John,...	09/06/2016	313.00
	(Match Pmt) 7	2000-INSURANCE PAYMENT (INSURANCE)		09/23/2016	197.73
	(Match Adj) 8	3006-PB CONTRACTUAL WRITE - OFF (INS)		09/23/2016	115.27
19	73502-CHG RADEX HIP UNILATERAL W...	Harris, David John,...	Harris, David John,...	09/06/2016	88.00
	(Match Pmt) 21	2000-INSURANCE PAYMENT (INSURANCE)		12/16/2016	38.66
	(Match Adj) 22	3006-PB CONTRACTUAL WRITE - OFF (INS)		12/16/2016	49.34
9	29999-PR UNLISTED PROC, ARTHROS...	Harris, David John,...	Harris, David John,...	09/28/2016	1,501.00
	(Match Pmt) 17	2000-INSURANCE PAYMENT (INSURANCE)		11/18/2016	0.00
	(Match Adj) 57	5057-PB DENIED TIMELY FILING ABO		08/18/2017	1,501.00
10	29999-PR UNLISTED PROC, ARTHROS...	Harris, David John,...	Harris, David John,...	09/28/2016	1,501.00
	(Match Pmt) 17	2000-INSURANCE PAYMENT (INSURANCE)		11/18/2016	0.00
	(Match Adj) 56	5057-PB DENIED TIMELY FILING ABO		08/18/2017	1,501.00
11	20551-PR INJECT TENDON ORIGIN/INS ..	Harris, David John,...	Harris, David John,...	09/28/2016	96.00
	(Match Pmt) 17	2000-INSURANCE PAYMENT (INSURANCE)		11/18/2016	41.48
	(Match Adj) 18	3006-PB CONTRACTUAL WRITE - OFF (INS)		11/18/2016	54.52
20	99024-PR POST-OP FOLLOW-UP VISIT	Harris, David John,...	Harris, David John,...	09/29/2016	0.00
23	99024-PR POST-OP FOLLOW-UP VISIT	Harris, David John,...	Harris, David John,...	11/03/2016	0.00
24	20610-PR ARTHROCENTESIS ASPIR&I...	Harris, David John,...	Harris, David John,...	11/03/2016	202.00
	(Match Pmt) 15	2000-INSURANCE PAYMENT (INSURANCE)		11/18/2016	0.00
	(Match Pmt) 26	2000-INSURANCE PAYMENT (INSURANCE)		12/30/2016	0.00
	(Match Pmt) 28	2000-INSURANCE PAYMENT (INSURANCE)		12/30/2016	40.12
	(Match Adj) 29	3006-PB CONTRACTUAL WRITE - OFF (INS)		12/30/2016	161.88
25	J3301-TRIAMCINOLONE ACET 10MG INJ	Harris, David John,...	Harris, David John,...	11/03/2016	72.00
	(Match Pmt) 15	2000-INSURANCE PAYMENT (INSURANCE)		11/19/2016	7.08
	(Match Pmt) 26	2000-INSURANCE PAYMENT (INSURANCE)		12/30/2016	-7.08
	(Match Pmt) 28	2000-INSURANCE PAYMENT (INSURANCE)		12/30/2016	7.08
	(Match Adj) 16	3006-PB CONTRACTUAL WRITE - OFF (INS)		11/18/2016	64.92
	(Match Adj) 27	3006-PB CONTRACTUAL WRITE - OFF (INS)		12/30/2016	-64.92
	(Match Adj) 30	3006-PB CONTRACTUAL WRITE - OFF (INS)		12/30/2016	64.92
31	99212-ESTABLISHED PATIENT LEVEL II	Harris, David John,...	Harris, David John,...	01/13/2017	85.00
	(Match Pmt) 32	2000-INSURANCE PAYMENT (INSURANCE)		02/10/2017	41.38
	(Match Adj) 33	3006-PB CONTRACTUAL WRITE - OFF (INS)		02/10/2017	43.62



34	99213-ESTABLISHED PATIENT LEVEL III	Cooper, Melissa L....	Harris, David John,...	02/07/2017	110.00
	(Match Pmt) 35	2000-INSURANCE PAYMENT (INSURANCE)		02/24/2017	69.74
	(Match Adj) 36	3005-PB CONTRACTUAL WRITE - OFF (INS)		02/24/2017	40.26
37	73630-CHG X-RAY FOOT 3+ VW	Harris, David John,...	Harris, David John,...	03/07/2017	60.00
	(Match Pmt) 40	2000-INSURANCE PAYMENT (INSURANCE)		03/24/2017	27.26
	(Match Adj) 41	3005-PB CONTRACTUAL WRITE - OFF (INS)		03/24/2017	32.74
38	72170-CHG X-RAY PELVIS 1/2 VW	Harris, David John,...	Harris, David John,...	03/07/2017	100.00
	(Match Pmt) 42	2000-INSURANCE PAYMENT (INSURANCE)		03/24/2017	29.90
	(Match Adj) 43	3005-PB CONTRACTUAL WRITE - OFF (INS)		03/24/2017	70.10
39	99214-ESTABLISHED PATIENT LEVEL IV	Cooper, Melissa L,...	Harris, David John,...	03/07/2017	150.00
	(Match Pmt) 44	2000-INSURANCE PAYMENT (INSURANCE)		03/24/2017	102.84
	(Match Adj) 45	3005-PB CONTRACTUAL WRITE - OFF (INS)		03/24/2017	47.16
Payments				Matched to charges	596.19
Adjustments				Matched to charges	3,681.81

Note: This report contains only those payments and adjustments which are matched to the charges listed in the Charges section.



MRO
1000 Madison Avenue
Suite 100
Norristown, PA 19403

Medical Records Transmittal

Date: 1/13/2024
Request Number: 77867927
Page Count: 61

Your requested medical records are attached.

Patient Name: SONYA WINKLER
Medical Facility: Franciscan Health Munster
Requester: WINKLER SONYA
Organization: Patient

Your reference number:

Thank you,

MRO
MROcorp.com

Exhibit
B

BUSINESS RECORDS CERTIFICATE OF AUTHENTICITY

Patient's Full Name: **SONYA WINKLER**
Patient's MRN/CSN: **E496835/ DOS 9/28/2016 Medical Records and Bills**

I am the custodian of the records of

Franciscan Health -Munster at 701 Superior Avenue Munster, IN 46321

I am familiar with the type of documents and records received, created, and relied upon by Hospital in the ordinary course of its business. I certify that the records listed below were:
a.) made at or near the time by or from information transmitted by someone with knowledge; b.) the records were kept in the course of a regularly conducted activity of a business, organization, occupation, or calling, whether or not for profit; c.) making the records was a regular practice of that activity; and d.) if such records are not originals, such records are a duplicate of the original. This certification is given by the custodian of the records instead of the custodian's personal appearance.

I certify under penalty of perjury that the foregoing is true and correct.

Valerie Kus Digitally signed by Valerie Kus
Date: 2024.01.08 15:58:19 -06'00'

Signature

1/8/2024

Date

Behavioral health and substance use disorder treatment records ("Part 2 Records") are afforded additional specific protections by Federal confidentiality rules (42 CFR Part 2) and will only be produced if a valid behavioral health/substance use disorder authorization for release of information was provided. The Certification excludes any Part 2 records unless such authorization was provided.

LAFAYETTE EAST
1701 South Creasy Lane
Lafayette, IN 47905
PH: 765 502 4000

LAFAYETTE CENTRAL
1501 Harford Street
Lafayette, IN 47904
PH: 765 423 6011

CRAWFORDSVILLE
1710 Lafayette Road
Crawfordsville, IN 47933
PH: 765 362 2800

RENSSELAER
1104 East Grace Street
Rensselaer, IN 47978
PH: 219 866 2077

[FranciscanHealth.org](https://www.FranciscanHealth.org)

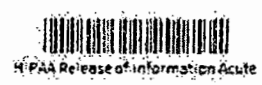
Release of Information Authorization Form

Healthcare Location (who has the information you want released, please check specific location)	I AUTHORIZE FRANCISCAN HEALTH TO RELEASE THE BELOW INFORMATION FROM MY HEALTH RECORD(S). Please select a location _____ Hammond- 5454 Hohman Avenue, Hammond, IN 46320 _____ Dyer- 24 Joliet Street, Dyer, IN 46311 <input checked="" type="checkbox"/> <u>X</u> Munster- 701 Superior Avenue, Munster, IN 46321 _____ Michigan City- 3500 Franciscan Way, Michigan City, IN 46360 _____ Crown Point - 1201 S. Main St., Crown Point, IN 46307 _____ Lakeshore ASC, LLC-12800 Mississippi Parkway, Pavilion C, Crown Point IN, 46307 _____ Lafayette Central - 1501 Hartford Street, Lafayette, IN 47904 _____ Lafayette East - 1701 S. Creasy Lane, Lafayette, IN 47905 _____ Crawfordsville - 1710 Lafayette Rd., Crawfordsville, IN 47933 _____ Rensselaer- 1104 East Grace Street, Rensselaer, IN 47978 _____ Indianapolis- 8111 S. Emerson Avenue, Indianapolis, IN 46237 _____ Mooresville -1201 Hadley Road, Mooresville, IN 46158 _____ Carmel- 12188 B North Meridian Street, Carmel, IN 46032 _____ Orthopedic Surgery Center, LLC - 10767 Illinois Street, Carmel, IN 46032 _____ Orthopedic Hospital Carmel - 10777 Illinois St. Carmel, IN 46032 _____ Chicago Heights- 1423 Chicago Road, Chicago Heights, IL 60411 _____ Olympia Fields- 20201 South Crawford Avenue, Olympia Fields, IL 60461
Requesting Access	<input type="checkbox"/> Are you requesting photocopy images of medical records OR <input type="checkbox"/> Are you requesting electronic access to your data. Please note use of this form constitutes a request for records that will require manual effort and therefore result in a charge. Otherwise, you can electronically access your record through your MyChart account.
Patient Information	Patient Name (Please Print): <u>Sonya Winkler</u> Patient Address: <u>3822-169th ST. Hammond, IN, 46323</u> Date of Birth: <u>9-26-74</u> Last 4 Digits of SS # <u>7895</u> Telephone # <u>219 289 4840</u>
Recipient Information (Who may receive the information/ where do you want it sent)	Recipient Name: <u>Sonya Winkler</u> Address/City/State/Zip: <u>3822-170th Street Hammond, IN 46323</u> Telephone: <u>219 289-4840</u>
Information To be Released	Date(s) of Service: <u>9-28-16</u> <input checked="" type="checkbox"/> Billing Records <input type="checkbox"/> Consultation <input type="checkbox"/> Discharge Summary <input type="checkbox"/> EKG <input type="checkbox"/> EER Record <input type="checkbox"/> Fetal Monitor Strips <input type="checkbox"/> History & Physical <input type="checkbox"/> Immunization Report <input type="checkbox"/> Lab Results <input type="checkbox"/> Operative Report <input type="checkbox"/> Progress Notes <input type="checkbox"/> Radiology Images <input type="checkbox"/> Radiology Result <input type="checkbox"/> Sexual Assault <input checked="" type="checkbox"/> Complete Health Record (this is the legal medical record as defined by the hospital) <input type="checkbox"/> Other (specify): <u>Need legal certified to be true 9-28-16</u> <u>medical record from 761-45th Street Munster</u>
Release Purpose	<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Continuing Care <input type="checkbox"/> Insurance <input type="checkbox"/> Personal Use <input type="checkbox"/> Other: _____

For 761-45th Street Munster IN 46321
 ID: 41349
 FSDS
 MRN: 20450300
 MRO
 JAN 08 2024



Release of Information



Release Instructions	<p>Release Method/Format (check one) Records will be released in a .pdf format unless specified below.</p> <p><input checked="" type="checkbox"/> Paper <input type="checkbox"/> MyChart (patient only) <input type="checkbox"/> Fax Number: _____</p> <p><input type="checkbox"/> Email Address: _____</p> <p><input type="checkbox"/> CD/DVD <input type="checkbox"/> USB</p> <p><input type="checkbox"/> Other format requested _____</p> <p>Electronic records are delivered in a secure/encrypted method. However, I have the choice to receive my records in an unsecure/unencrypted format.</p> <p>_____ By initialing here, I understand that unencrypted e-mail or media (e.g., CD, DVD, USB Flash Drive, etc.) is not considered a confidential means of communication. I have been offered a secure method to receive my records and I have chosen to receive without the protection of encryption. I agree to waive any rights that I may have against Franciscan Health, any affiliated organization, or physician, or the suppliers, for any compromised information due to the technical failures and/or unintended breach of confidentiality.</p>
42CFR Part 2 Disclosure Statement	<p>This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit any person other than the one whose information is being requested from making any further disclosure of this records. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.</p>

By signing this authorization form, I understand that:

This authorization will expire in 60 days from the date signed unless otherwise specified _____

This authorization can be revoked by me at any time in writing to Franciscan Health except that disclosure made in good faith has already occurred in reliance on this authorization.

The information to be released may include billing and treatment records related to behavior and mental health care, alcohol and drug abuse treatment, HIV/AIDS, and genetics.

Franciscan Health will not condition treatment, payment, enrollment, or eligibility for benefits on whether this authorization is signed except as allowed under the HIPAA regulations.

Fees may be charged in accordance with state statute and federal rule.

SIGNATURE: _____ DATE: 1-8-24

RELATIONSHIP TO PATIENT, if other than patient: _____

Department Use only:

Initials of coworker releasing information _____ Date _____

Medical Record Number _____ CSN _____

Password (if applicable) _____



Release of Information

Page 2 of 2
Revised 11/17/2021



**FRANCISCAN HEALTH MUNSTER**

Sonya Winkler
3822 169TH STREET
HAMMOND, IN 46323

Guarantor ID: 988816

Visit Coverages:

Medicaid - Anthem Healthy Indiana Plan

This is not a bill. This is an itemization of your charges for:

Patient: Winkler, Sonya

Admission 09/28/16

Date:

Hospital 216318728

Discharge Date: 09/28/16

Account:

Current Account Balance: 0.00

Hospital Charges

Svc Date	Rev Code	Description	CPT(R) or HCPCS Code	Qt y	Amount
09/28/16	0250	Bupivacaine (Pf) 0.25 % Soln (0409-1159-02)		1	16.30
09/28/16	0250	Bupivacaine (Pf) 0.25 % Soln (0409-1159-02)		1	16.30
09/28/16	0250	Glycopyrrolate 0.2 Mg/ML Soln (0517-4602-25)		1	111.80
09/28/16	0250	Lidocaine (Pf 1%) 10 Mg/ML (1 %) Soln (0409-4279-02)		1	24.05
09/28/16	0250	Lidocaine (Pf 1%) 10 Mg/ML (1 %) Soln (63323-492-57)		1	11.95
09/28/16	0250	Lidocaine 2 % Gel (17478-711-10)		1	16.50
09/28/16	0250	Neostigmine 1 Mg/ML Soln (63323-415-10)		1	639.60
09/28/16	0250	Propofol 10 Mg/ML Emul (0409-4699-30)		1	56.30
09/28/16	0250	Rocuronium 10 Mg/ML Soln (67457-228-05)		1	49.05

Svc Date	Rev Code	Description	CPT(R) or HCPCS Code	Qty	Amount
09/28/16	0250	Succinylcholine 20 Mg/MI Soln (0409-6629-02)		1	169.45
09/28/16	0258	Lactated Ringers Solp (0409-7953-09)		1	107.35
09/28/16	0258	Sodium Chloride 0.9 % 0.9 % Pgbk (0338-0553-11)		1	85.95
09/28/16	0270	Inactive Cannula Twist in 7mm Order in Qty of 5ea		1	77.00
09/28/16	0272	Inactive Blade Shaver Excalibur Crv 4.0mm		1	133.00
09/28/16	0300	Urine Pregnancy Test	81025	1	31.00
09/28/16	0360	Surg B Maj; Ea Addl 15m		3	2,781.00
09/28/16	0360	Surg B Maj; Initial 15m		1	3,789.00
09/28/16	0370	Gen Anes; Ea Addl 15m		3	1,212.00
09/28/16	0370	Gen Anes; Initial 15m		1	943.00
09/28/16	0636	Cefazolin 1 Gram Solr (44567-707-25)	J0690	2	10.10
09/28/16	0636	Cefazolin 1 Gram Solr (44567-707-25)	J0690	2	10.10
09/28/16	0636	Epinephrine 1 Mg/MI Soln (42023-168-01)	J0171	30	192.40
09/28/16	0636	Fentanyl 50 Mcg/MI Soln (0409-9094-22)	J3010	1	10.10
09/28/16	0636	Fentanyl 50 Mcg/MI Soln (0409-9094-22)	J3010	1	10.10
09/28/16	0636	Methylprednisolone Acetate 80 Mg/MI Susp (0009-3475-03)	J1040	1	83.20
09/28/16	0636	Midazolam 1 Mg/MI Soln (0409-2305-17)	J2250	2	10.10
09/28/16	0636	Ondansetron Hcl (Pf) 4 Mg/2 MI Soln (0703-7221-01)	J2405	4	20.25
09/28/16	0636	Ondansetron Hcl (Pf) 4 Mg/2 MI Soln (0703-7221-01)	J2405	4	20.25
09/28/16	0710	Pacu Ph 1 Level 1 Base;Initial 15 Min		1	643.00
09/28/16	0710	Pacu Ph 1 Level 2;Ea Addtl 15 Min		6	1,470.00

Total Hospital Charges: 12,750.20

Hospital Payments and Adjustments

Date	Description	Amount
10/31/16	Medicaid Payments	-2,759.56
10/31/16	Medicaid Adjustments	-9,990.64

Total Hospital Payments and Adjustments: -2,759.56

EXHIBIT C

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

Franciscan Medical Specialists

Please check appropriate location:

300 W. 80th Place, Merrillville, IN 46410

919 Main Street, Dyer, IN 46311

5529 Hohman Ave., Hammond, IN 46320

1225 Coolspring Rd, Michigan City, IN 46360

(same day SX)

761 45th Street, Munster, IN 46321

2001 U.S. 41, Schererville, IN 46375

2307 LaPorte Ave., Valparaiso, IN 46383

731 45th St., Suite 123, Munster, IN 46321

759 45th St., Munster, IN 46321

I AUTHORIZE FRANCISCAN MEDICAL SPECIALISTS TO RELEASE THE BELOW INFORMATION FROM MY HEALTH RECORD(S).

Patient Name (Please Print):

Sonya Winkler

PT

Patient Address:

3822-169th ST. Hammond, IN. 46323

Date of Birth:

Last 4 Digits of Social Security #

Patient Telephone #

(219) 688-4616

Covering the period(s) of treatment

anything for Dr Harris (June 2015-May 2017)

INFORMATION TO BE RELEASED:

☒ Progress Note (Date):

☒ Radiology (X-ray, CT Scan, MRI)

☐ Lab Results

☐ EKG

☒ Procedure Note

☐ Consultations

☐ HCFA 1500/Billing

☐ Immunization Record

☐ Abstract of Health Record

☒ Complete Health Record (this is the legal medical record as defined by the hospital) JUST DR HARRIS

Other (specify):

INFORMATION TO BE RELEASED TO:

Name:

Sonya Winkler

Address/City/State/Zip:

3822-169th ST. Hammond, IN. 46323

Telephone #:

(219) 688-4616

PURPOSE OF DISCLOSURE:

☐ Continuation of Care

☐ Insurance

☐ Attorney

☐ Personal Use

☒ Other

I understand this authorization can be revoked by me at any time in writing to Franciscan Medical Specialists except that disclosure made in good faith has already occurred in reliance on this authorization. Franciscan Medical Specialists will not condition treatment, payment, enrollment or eligibility for benefits or whether this authorization is signed except as allowed under the HIPAA regulations.

I understand that a fee may be charged for preparing a copy of the requested records. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. Unless otherwise revoked, this authorization will expire on the following date, event, or condition:

If I fail to specify an expiration date, event or condition, this authorization will expire in 60 days.

Your protected health information will be provided to you in paper format. If you wish for your protected health information to be provided to you in a secure electronic form, you must initial here: Documents will be provided in a pdf file format. Select the electronic format: ☐ CD/DVD ☐ USB ☐ Email

Email address records should be sent to:

The password for accessing your electronic media is:

By initialing here, I understand that unencrypted e-mail or media (e.g., CD, DVD, USB Flash Drive, etc.) is not considered a confidential means of communication. I have been offered a secure method to receive my records and I have chosen to receive without the protection of encryption. I agree to waive any rights that I may have against Franciscan Alliance, any affiliated organization, or physician, or the suppliers, for any compromised information due to the technical failures and/or unintended breach of confidentiality.

Franciscan
MEDICAL SPECIALISTS

38419

Processed by CIO's Health

Rep:

Date:

Pages:

8-14-18

18

Page 1 of 2

Release of Information

Patient Name:

E 496835

Account #:

Medical Record #:

Joint Appellees App. (Vol. 5) 85

To: Cox on 8-14-18

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

I understand that this release also pertains to records regarding the testing and treatment for alcohol/substance abuse, human immunodeficiency virus (HIV) and/or AIDS, or for psychiatric treatment or counseling or communicable disease, or genetic testing unless I have Initialed here: SW

SIGNATURE: Soumya Winkler DATE: 7-19-18

RELATIONSHIP TO PATIENT, if other than patient: _____

DESCRIPTION OF AUTHORITY TO ACT FOR PATIENT (if applicable): _____

WITNESS SIGNATURE: [Signature] DATE: 7/19/18

RECEIVED
JUL 19 2018
BY: [Signature]

 **Franciscan**
MEDICAL SPECIALISTS

Page 2 of 2

Release of Information

Patient Name:	_____
Account #:	_____
Medical Record #:	_____

Joint Appellees' App. (Vol. 3) 86

Exhibit D

Sonya Winkler, pro se
3826 – 170th Street
Hammond, Indiana 46323

IN THE
INDIANA COURT OF APPEALS
Cause No. 23A-CT-1091

SONYA WINKLER,)	
Appellant-Plaintiff,)	Appeal from the Lake Superior Court
)	
vs.)	Cause No. 45D01-2104-CT-000397
)	
FRANCISCAN ALLIANCE, INC.,)	
and)	The Honorable John M. Sedia, Judge
DAVID JOHN HARRIS, M.D.,)	
Appellees-Defendants.)	

Requests for Admissions

Propounding Party: Plaintiff/Appellant, Sonya Winkler

Responding Party: Defendant/Appellee, David John Harris, M.D.

Indiana Trial Rule 36 authorizes Sonya Winkler to make the requests. Send answers to:

3826 – 170th Street

Hammond, Indiana 46323

REQUEST NUMBER: One (1)

Admit performing surgery on Sonya Winkler ("Winkler") at a Franciscan Alliance Inc. facility ("Franciscan") on September 28th of 2016, attached hereto as Exhibit A, in which you state pre-op: "We have MRI evidence confirming no evidence of gluteus medius tendon tear..."

REQUEST NUMBER: Two (2)

Admit under Ind. Code § 34-18-12-3, ALL physicians have a duty to obtain informed written consent along with the explanation of proposed treatment, outcome, and risks from their patients.

REQUEST NUMBER: Three (3)

Admit that you were negligent when you failed to obtain informed written consent on the Franciscan General Consent for Surgical Procedures form, attached hereto as Exhibit B, from Winkler.

REQUEST NUMBER: Four (4)

Admit that you were negligent when you failed to explain the proposed treatment, outcome, and risks for the surgical procedure with Winkler, including on September 26, 2016 where no appointment exists, attached hereto as Exhibit C.

REQUEST NUMBER: Five (5)

Admit that there was no gluteus medius tendon tear on the objective MRI done at Franciscan, attached hereto as Exhibit D.

REQUEST NUMBER: Six (6)

Admit you diagnosed Winkler with a gluteus medius tendon tear from the MRI done at Franciscan, attached hereto as Exhibit E, writing the diagnosis on her copy of the report along with your signature.

REQUEST NUMBER: Seven (7)

Admit lying on your declaratory affidavit to the medical review panel when you stated, "I did not inform her that she had a gluteus medius tear." (Attached hereto as Exhibit F).

REQUEST NUMBER: Eight (8)

Admit under I.C. § 16-39-7-1(a)(b), ALL medical providers have a duty to maintain patient's original health records for at least seven years from the last date of service and be suspended if involved in litigation.

REQUEST NUMBER: Nine (9)

Admit you failed to maintain Winkler's original health records from your Franciscan office for at least seven years from the last date of service, attached hereto as Exhibit G.

REQUEST NUMBER: Ten (10)

Admit you violated I.C. § 16-39-7-1(a)(b), when you deleted Winkler's medical record with the gluteus medius tendon tear diagnosis, attached hereto as Exhibit H.

REQUEST NUMBER: Eleven (11)

Admit that you were negligent when you failed to use reasonable care in coercing Winkler into an unnecessary surgery when no surgical intervention was needed for Winkler, attached hereto as Exhibit I.

REQUEST NUMBER: Twelve (12)

Admit that you failed your duty to obtain informed consent for Winkler's surgery that you performed at Franciscan on September 28th of 2016, violating I.C. § 34-18-12-3, proximately causing Winkler to suffer from hip instability and permanent nervous system injuries.

REQUEST NUMBER: Thirteen (13)

Admit the injuries to Winkler would not have occurred, if you used reasonable care, because Winkler would have never had the surgery if she was not diagnosed with a gluteus medius tendon tear.

REQUEST NUMBER: Fourteen (14)

Admit owing Winkler \$455,909.66.

REQUEST NUMBER: Fifteen (15)

Admit that this document is genuine, attached hereto as Exhibit J, stating that you are being represented by Attorney General Deputies.

Respectfully submitted,



Sonya Winkler, pro se

3826 – 170th Street

Hammond, IN. 46323

(219) 289-4840

CERTIFICATE OF SERVICE

The undersigned hereby certifies that she used the USPS, on the 27th of December 2023, in mailing the foregoing document to:

David John Harris, M.D.

801 Mac ARTHUR BLVD

STE 304

Munster, IN. 46321

/s/ Sonya Winkler

FRANCISCAN ALLIANCE

FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4029
Legal Medical Record

Winkler, Sonya
MRN: E496835, DOB: [REDACTED], Sex: F
Adm: 9/28/2016, D/C: 9/28/2016

Operative Notes (continued)

Op Note signed by Harris, David John MD at 10/3/2016 11:53 PM (continued)

OPERATIVE REPORT

DATE OF SURGERY: 09/28/2016

PREOPERATIVE DIAGNOSIS: Right hip greater trochanteric bursitis and right hip hamstring insertional tendinitis.

POSTOPERATIVE DIAGNOSIS: Right hip greater trochanteric bursitis and right hip hamstring insertional tendinitis.

NAME OF PROCEDURE: Right hip bursectomy, iliotibial band release and greater trochanteric bursectomy, right hamstring tendon insertion injection.

SURGEON: David J. Harris, MD

ASSISTANT Melissa Cooper PA-C

ANESTHESIA:

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

Exhibit A

PREOPERATIVE HISTORY: A [REDACTED] year-old female with a chronic and persistent history of right hip pain and discomfort and limitation. She had undergone a previous right hip arthroscopy with iliopectus lengthening with minimal symptomatic benefit. She has pain of both the insertion of her right hamstring at the ischial tuberosity, but also over the lateral aspect of the hip. We have MRI evidence confirming no evidence of gluteus medius tendon tear but greater trochanteric bursitis. She had an injection into this region which should provide her some symptomatic relief; however, it was not definitive. She is aware of the risks, benefits, and potential complications and is hoping to move forward with definitive surgical procedure to address this and we are thus proceeding with full informed consent.

OPERATIVE PROCEDURE: The patient was appropriately identified in the preoperative holding area. The right hip was marked and perioperative antibiotics given. She was then transferred to the operating theater onto a standard OR bed with a beanbag where general endotracheal anesthesia was induced without complication. She was then positioned in the lateral decubitus position, right side up. Her right arm was safely draped cross her chest and an axillary roll was placed. Bean bag was then used to hold her

Operative Notes (continued)Op Note signed by Harris, David John, MD at 10/3/2016 11:53 PM (continued)

safely in this position. Bilateral SCDs and calf high TED hose were applied as well as appropriate pillow padding of her right and left leg. The right hip was then shaved, prepped and draped in the standard sterile fashion, and after a formal time-out identifying the appropriate the patient name, all notable allergies, and the appropriate operative side, an injection of 80 mg of Depo-Medrol was performed into the tendon insertion of the hamstrings on the right ischial tuberosity. This was uncomplicated and well tolerated by the patient. We then marked landmarks about the lateral aspect of the hip, including the confines of the proximal femur, ASIS and PSIS, as well as the vastus ridge. Two incisions were then made, one roughly 4 cm proximal and then 4 cm distal to the vastus ridge, the trocar and a switching stick were then inserted down to the level of the IT band. These were gently swept anteriorly and posteriorly, creating the small potential space, and a motorized shaver was used to gently free up the fat from its adhesions, and a radiofrequency ablation wand was then used once orientation was obtained to perform a central split down the central portion of the IT band. Anterior and posterior cuts were then made, creating 4 equal flaps. Once these were resected with a motorized shaver and radiofrequency ablation wand leaving a small anterior and small posterior band of the IT band intact, in a diamond shape aperture. The underlying greater trochanteric bursa was inspected. This was found to be significantly inflamed. A greater trochanteric bursectomy was then performed with a motorized shaver and radiofrequency ablation wand underneath the vastus lateralis and vastus ridge were inspected, as was the gluteus medius tendon.

The hip was then copiously irrigated. All excess fluid and debris was removed. The arthroscopic portal sites were closed with simple 4-0 Vicryl sutures. Steri-Strips, Adaptic, 4 x 4's, ABDs and Medipore tape were then all applied as well as a Cryo/Cuff unit. Prior to closure, meticulous hemostasis was maintained within the hip. Overall, there was no evidence of any pre, peri, or immediate postoperative complications with this procedure and it was well tolerated by the patient.

DAVID HARRIS, MD

D: 10/03/2016 10:57 AM T: 10/03/2016 8:31 PM WMX Job: 455976

The final copy of this document is located in the Franciscan Health

Printed on 9/14/18 10:00 AM

Page 34

BUSINESS RECORDS CERTIFICATE OF AUTHENTICITY

Patient's Full Name: Sonya Winkler
 Patient's MRN/CSN: E496835 / CSN 8149697677

I am the custodian of the records of Franciscan Hospital, Munster located at 701 Superior Avenue, Munster, IN 46321 ("Hospital"). I am familiar with the type of documents and records received, created, and relied upon by Hospital in the ordinary course of its business. I certify that the records listed below were:

a.) made at or near the time by or from information transmitted by someone with knowledge; b.) the records were kept in the course of a regularly conducted activity of a business, organization, occupation, or calling, whether or not for profit; c.) making the records was a regular practice of that activity; and d.) if such records are not originals, such records are a duplicate of the original. This certification is given by the custodian of the records instead of the custodian's personal appearance.

I certify under penalty of perjury that the foregoing is true and correct.


 Signature

Exhibit B

Deborah L. Wilson, MS, RHIA
 Director

Administrative Director, Health Information Management
 Title

Date:

1/6/23

Behavioral health and substance use disorder treatment records ("Part 2 Records") are afforded additional specific protections by Federal confidentiality rules (42 CFR Part 2) and will only be produced if a valid behavioral health/substance use disorder authorization for release of information was provided. The Certification excludes any Part 2 records unless such authorization was provided.

1201 South Main Street
 Crown Point, IN 46307
 Tel: 219 738 2100

240 East Street
 Gary, IN 46311
 Tel: 219 666 2141 (IN)
 Tel: 708 850 1650 (IL)

9454 Mahan Avenue
 Hammond, IN 46320
 Tel: 219 932 2300 (IN)
 Tel: 708 891 8508 (IL)

701 Superior Avenue
 Munster, IN 46321
 Tel: 219 922 4100

30 West Homer Street
 Michigan City, IN 46360
 Tel: 219 879 8511



From: Health Information Management Dept
Franciscan Health

Re: Request to obtain copy of health records

Enclosed are records available as of the date your request was processed.

42 CFR Part 2 provides privacy protections related to substance use disorder treatment records ("Part 2 Records"). Accordingly, Part 2 Records, if any, will only be produced if an authorization compliant with part 2 requirements is provided. The enclosed records exclude any Part 2 records unless such authorization was provided.

If the appropriate authorization was supplied to allow us to release Part 2 records, those records are prohibited from unauthorized redisclosure.

Thank you,
Health Information Management Dept
Franciscan Health

Exhibit B

FMS MN ORTHOPEDIC MEDICINE
759 45th Ave Ste 201
MUNSTER IN 46321-2938
Legal Medical Record

Winkler, Sonya
MRN: E496835, DOB [REDACTED] Sex: F
Encounter date: 9/29/2016

Encounter-Level Documents: (Continued)

Franciscan
PHYSICIAN NETWORK

Sonya Winkler

759 45th Street, Suite 201, Munster, IN 46321
Phone: (219) 866-0370 Fax: (219) 866-0370
2591 US 41, Ellettsville, IN 46015
Phone: (317) 255-0370 Fax: (317) 255-1110

SURGICAL CONSENT FOR SURGICAL PROCEDURES

You have been given information about your condition and the recommended surgical, medical or diagnostic procedure(s) to be used. This consent form is designed to provide a written confirmation of such discussion by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold consent to the proposed procedure(s).

I, Harris, am required to read and understand the following conditions (a) until in my own:

2. I request procedure (a): Right hip arthroscopy, greater trochanteric bursaectomy,

3. Description of Proposed Procedure (a): As is there any to benefits to the procedure (a) proposed, I also understand that medical and surgical procedures involve risks. These risks include, among others, bleeding, blood clots, infection, adverse side effects of drugs, and even loss of bodily function or life, as well as risks of anesthesia reaction and the transmission of infectious disease, including hepatitis and human immunodeficiency syndrome, from the administration of blood and/or blood components. Other risks could include continued pain, deformity, and failure of the procedure.

4. Complications: Understanding Condition: I do agree that in the practice of medicine, either unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure (a) additional conditions may be revealed requiring the performance of additional procedure, and I authorize such procedure to be performed. I further acknowledge that no guarantee or promise has been made to me concerning the result of my procedure or treatment.

5. Adequate Informed: The available information, the potential benefits, and risks of the proposed procedure(s), and the likely risks without such treatment, have been explained to me. I understand what has been discussed with me in and in the context of the current facts, and have been given the opportunity to ask questions and have received satisfactory answers.

6. Consent to Procedure (a) and Treatment: Having read this form and talked with the physician, my signature below acknowledges that I voluntarily give my authorization and consent to the performance of the procedure (a) described above.

Physician for Patient authorized to sign for patient

Signature

Please be advised that money billing may not be a covered benefit under your health care plan. You may be responsible for payment of these charges. It is recommended that you contact your benefits administrator for more information regarding pre-pay benefits.

Exhibit B

Order-Level Documents:

There are no order-level documents.

FRANCISCAN ALLIANCE

FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4028
Legal Medical Record

Winkler, Sonya
MRN: E498835, DOB: [REDACTED] Sex: F
Adm: 9/28/2016, D/C: 9/28/2016

Encounter-Level Documents: (continued)

11. I hereby consent to have my blood tested if a physician or other staff member is exposed to my blood during my procedure. I understand that this consent will only be in effect during the time I am unable to sign a consent. This is necessitated by the possible risk of employees being exposed to HIV positive blood and by the short period of time after an exposure for a person exposed (to another person's blood) to have preventative medications started. If an exposure occurs after this time, I will be asked to sign an informed consent specific to this occurrence.

Authorization For and Consent to Surgical
Operations, Diagnostic and Therapeutic Procedures

My signature below constitutes my acknowledgment: (1) that I have read, or have had read to me, and agreed to all of the above; (2) that the proposed operation(s) or procedure(s) have been satisfactorily explained to me and I have all the information which I desire about them; (3) that I have been given an opportunity to ask questions that I might have concerning the procedure, and have a fully understood it; and (4) that I hereby give my authorization and consent.

Witness: 9-28-16-1050am

Patient/Legal Representative

Date and Time

Relationship

I have personally explained to the patient, or his or her legal representative, the information set forth in the above on

[Signature]
Physician's Signature

PATIENT WITH "DO NOT RESUSCITATE (DNR)" ORDERS ONLY

1. I understand that by consenting to this procedure, I am also consenting to a temporary suspension of the DNR (Do Not Resuscitate) orders until the procedure and/or anesthesia recovery period has ended.
Initials/Date

OR

2. I request not to be resuscitated in case of cardiopulmonary arrest during the procedure.
Initials/Date

Franciscan HEALTHCARE
Munster

WINKLER, SONYA
MRN: E498835, DOB: [REDACTED] Sex: F
Adm: 9/28/2016, D/C: 9/28/2016

Page 2 of 2

Authorization For and Consent to Surgical
Operations, Diagnostic and Therapeutic
Procedures

06/23/2015 - OP Visit in MN MS MRI

Radiology Scans

Radiology Test - Scan on 6/26/2015 12:12 PM

Clinical date/time: 6/26/2015 1212

Description --

Service date/time: 6/26/2015 1212

Scan (below)

Report - Winkler, Sonya J / 20450300, Jun 23, 2015, TW92368920

Just Scan. Doc Image. MD

Study --

Page 1 of 1

Franciscon HealthCare-Munster
761 45th Street
Suite 114
Munster, IN 46321
(219) 923-3909

Final Report

Name: Sonya J. Winkler
Referred by: 1709330813 Davis, Hattie

Acct: [REDACTED]
DOB: [REDACTED] 10:00
Modality: MRI
Reason: MRI HIP. Right hip contrec
Report Date: Jun 23, 2015 18:52
Approval Date: Jun 23, 2015 18:57

Sex: F
Study Date: Jun 23, 2015 14:03

Electronic Signature
Radiologist: Dr. Jay Korach
Approved by: Dr. Jay Korach

Key Images: 0

OBSERVATION

MRI of the right hip

History: Pain and previous history of labral repair

Technique: Routine

Findings:

There is no evidence of a hip fracture or dislocation. The femoral heads are intact without evidence of osteonecrosis. No significant joint effusion is identified. No focal bony lesion is identified. The cartilage remaining on the femoral head is identified along the anterior aspect of the acetabulum. The ligamentum teres is intact. There are no focal fluid collections or soft tissue masses surrounding the bony parts. Several small cysts are incidentally noted. Tiny cystic focus is seen along the anterior superior aspect of the left acetabulum which may represent a tiny synovial or para labral cyst.

Impression:

Postoperative changes as described. No evidence of fracture or significant bony change. Tiny cystic focus adjacent to the anterior superior acetabulum could represent a para labral cyst or lesion described in association with labral tearing.

JAY I. KORACH, MD, FACR

Electronic signature

Transmitted by:

WINKLER,SONYA
MAR: [REDACTED]
DOB: [REDACTED]
MRN: 20450300
Scan Date: 6/23/2015



https://10.4.28.39/cases/review.asp?cfr=1.2.826.0.1.3680043.2.03.2.2831163212.118895. 6/23/2015

E nitrit
E

$$\begin{aligned}
 & \mathbf{A} = \begin{bmatrix} 1 & 2 & 3 \\ 2 & 3 & 4 \\ 3 & 4 & 5 \end{bmatrix} \quad \mathbf{B} = \begin{bmatrix} 4 & 3 & 2 \\ 3 & 2 & 1 \\ 2 & 1 & 0 \end{bmatrix} \\
 & \mathbf{C} = \begin{bmatrix} 5 & 4 & 3 \\ 4 & 3 & 2 \\ 3 & 2 & 1 \end{bmatrix} \quad \mathbf{D} = \begin{bmatrix} 6 & 5 & 4 \\ 5 & 4 & 3 \\ 4 & 3 & 2 \end{bmatrix} \\
 & \mathbf{E} = \begin{bmatrix} 7 & 6 & 5 \\ 6 & 5 & 4 \\ 5 & 4 & 3 \end{bmatrix} \quad \mathbf{F} = \begin{bmatrix} 8 & 7 & 6 \\ 7 & 6 & 5 \\ 6 & 5 & 4 \end{bmatrix} \\
 & \mathbf{G} = \begin{bmatrix} 9 & 8 & 7 \\ 8 & 7 & 6 \\ 7 & 6 & 5 \end{bmatrix} \quad \mathbf{H} = \begin{bmatrix} 10 & 9 & 8 \\ 9 & 8 & 7 \\ 8 & 7 & 6 \end{bmatrix} \\
 & \mathbf{I} = \begin{bmatrix} 11 & 10 & 9 \\ 10 & 9 & 8 \\ 9 & 8 & 7 \end{bmatrix} \quad \mathbf{J} = \begin{bmatrix} 12 & 11 & 10 \\ 11 & 10 & 9 \\ 10 & 9 & 8 \end{bmatrix} \\
 & \mathbf{K} = \begin{bmatrix} 13 & 12 & 11 \\ 12 & 11 & 10 \\ 11 & 10 & 9 \end{bmatrix} \quad \mathbf{L} = \begin{bmatrix} 14 & 13 & 12 \\ 13 & 12 & 11 \\ 12 & 11 & 10 \end{bmatrix} \\
 & \mathbf{M} = \begin{bmatrix} 15 & 14 & 13 \\ 14 & 13 & 12 \\ 13 & 12 & 11 \end{bmatrix} \quad \mathbf{N} = \begin{bmatrix} 16 & 15 & 14 \\ 15 & 14 & 13 \\ 14 & 13 & 12 \end{bmatrix} \\
 & \mathbf{O} = \begin{bmatrix} 17 & 16 & 15 \\ 16 & 15 & 14 \\ 15 & 14 & 13 \end{bmatrix} \quad \mathbf{P} = \begin{bmatrix} 18 & 17 & 16 \\ 17 & 16 & 15 \\ 16 & 15 & 14 \end{bmatrix} \\
 & \mathbf{Q} = \begin{bmatrix} 19 & 18 & 17 \\ 18 & 17 & 16 \\ 17 & 16 & 15 \end{bmatrix} \quad \mathbf{R} = \begin{bmatrix} 20 & 19 & 18 \\ 19 & 18 & 17 \\ 18 & 17 & 16 \end{bmatrix} \\
 & \mathbf{S} = \begin{bmatrix} 21 & 20 & 19 \\ 20 & 19 & 18 \\ 19 & 18 & 17 \end{bmatrix} \quad \mathbf{T} = \begin{bmatrix} 22 & 21 & 20 \\ 21 & 20 & 19 \\ 20 & 19 & 18 \end{bmatrix} \\
 & \mathbf{U} = \begin{bmatrix} 23 & 22 & 21 \\ 22 & 21 & 20 \\ 21 & 20 & 19 \end{bmatrix} \quad \mathbf{V} = \begin{bmatrix} 24 & 23 & 22 \\ 23 & 22 & 21 \\ 22 & 21 & 20 \end{bmatrix} \\
 & \mathbf{W} = \begin{bmatrix} 25 & 24 & 23 \\ 24 & 23 & 22 \\ 23 & 22 & 21 \end{bmatrix} \quad \mathbf{X} = \begin{bmatrix} 26 & 25 & 24 \\ 25 & 24 & 23 \\ 24 & 23 & 22 \end{bmatrix} \\
 & \mathbf{Y} = \begin{bmatrix} 27 & 26 & 25 \\ 26 & 25 & 24 \\ 25 & 24 & 23 \end{bmatrix} \quad \mathbf{Z} = \begin{bmatrix} 28 & 27 & 26 \\ 27 & 26 & 25 \\ 26 & 25 & 24 \end{bmatrix}
 \end{aligned}$$

Age/Sex/DOB: 31 yrs F
EMRN: 20450300
OMRN: 20450300
Home: (219) 688-4616
Work:

[illegible]

Collected: 6/23/2015 2:43:44PM
Resulted: 6/23/2015 4:57:00PM
Verified By: <Unverified>
Auto Verify: N

Stage: Final

Mein Beständiges Glück

MAI of the right hip

History: Pain and previous history of labral repair

Technique: Routine

Findings:

There is no evidence of a hip fracture or dislocation. The femoral heads are intact without evidence of osteonecrosis. No significant joint effusion is identified. No focal bony lesion is identified. The conjoin hamstring tendons are intact. Postsurgical change is identified along the anterior aspect of the acetabulum. The ligamentum teres is intact. There are no focal fluid collections or soft tissue masses surrounding the bony pelvis. Bilateral adnexal cysts are incidentally noted. Tiny cystic focus is seen along the anterior superior aspect of the left acetabulum which may represent a tiny synovial or para labral cyst.

Impression:

Postsurgical changes as described. No evidence of fracture or significant arthritic change. Tiny cystic focus adjacent to the anterior superior acetabulum could represent a para labral cyst or tendon described in association with labral tearing.

JAY L. KORACH, MD, FACR

- 4.7 Bus (n)

Electronic signature

—? மாறு கி. மாறு மாறு

Date of Service: June 23, 2015 14:43

Printed by: Martínez, Jacqueline | 7/1/2015 10:08:00AM

A handwritten signature in black ink, appearing to be "P. J. ...". The signature is written over the bottom right portion of the typed name "P. J. ...".

STATE OF INDIANA
BEFORE THE DEPARTMENT OF INSURANCE

SONYA WINKLER,

Plaintiff,

vs.

CLAIM NO. 1019399

FRANCISCAN ALLIANCE, INC. AND
DAVID JOHN HARRIS, M.D.,

Defendants.

Exhibit F

DEFENDANT DAVID J. HARRIS, M.D.'S AFFIDAVIT

I, DAVID J. HARRIS, M.D., being duly sworn on oath, and under penalty of perjury under the laws of the State of Indiana, state as follows:

1. I have personal knowledge of the facts set forth hereinafter, and if called as a witness, could and would completely testify and attest to the facts herein.

2. I am currently a Defendant in the above-captioned matter.

3. I am a board-certified physician who specializes in orthopedic surgery.

4. Contrary to Ms. Winkler's allegation, I did not advise her that I "could do a bursectomy before the door even closed." I did not laugh at her concerns and I did not "joke" that I "had to be careful with people who knew too much."

5. I did not coerce Ms. Winkler into proceeding with the right hip bursocopy, greater trochanteric bursectomy and partial IT band release by advising her that she had a gluteal medius tear. As stated in my panel submission and my office records, I did not inform her that she had a gluteus medius tear.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury as provided by law pursuant to IC 35-44.1-2-1, the undersigned certifies that the statements set forth in the foregoing affidavit are true and correct, except as to matters therein stated to be on information and belief and, as to such matters, the undersigned certifies that he believes the same to be true.

A rectangular box containing a handwritten signature in dark ink. The signature is stylized, starting with a large 'D' and ending with a flourish. To the right of the signature, the letters 'MD' are written.

DAVID J. HARRIS, M.D.

WINKLER, Sonya

Female

20450300
7-4

3522 169th St
Hammond, IN 46323
Address

English (preferred)
Race
White

Exhibit G

Visit Summary

Chief Complaint

Year-old female recently underwent an IAR of the right hip. She states the injection given on her last visit to her right hip helped a great deal and she rates her pain level a 3/10. She states she still has pain when sitting to the top of her thigh and rates that pain level a 4/10. She states she gets a cooling sensation

History of Present Illness

Planned Goals not documented

Physical Therapy Referral

Instructions not documented

BP Systolic	100 mm(Hg)
BP Diastolic	66 mm(Hg)
Heart Rate	74/min
Height	68 in
Weight	134 lb
Body Mass Index Calculated	20.37 kg/m ²
Body Surface Area Calculated	1.72

As Seen On 1000 MG Oral Capsule

Multivitamin Tablets

Vitamin E Transdermal Gel

Medication Administration not documented

Body Temperature not documented

Cardiovascular Assessment

Dermatologic

Endocrine for contraceptive management

Endocrine for routine gynecologic evaluation with Pap smear and smear of cervix

Neurologic

Neurologic assessment of gait

Joint Pain

Laboratory

Neurologic assessment of gait

Pain or lower extremity
Preventative health care
Skin tag
Tendinopathy

Allergies

Silicone LIOD

Tuberculin PPD TEST

Results

Test for HPV High Risk DNA
on
21-May-2015
8:26 AM

HPV 16 NOT DETECTED

Range: NOT DETECTED

HPV 18 NOT DETECTED

Range: NOT DETECTED

Other High Risk HPV NOT DETECTED

Range: NOT DETECTED
Comments: Includes HPV types 31,
33, 35, 39, 45, 51, 52, 56, 58,
66 and 68

12:08 AM Pathology Request PROCESSED

Comments: Other

12:09 AM Gynae Cytology Report
Patient Name: WINKLER, SONYA Accession Number: NNG15-20809 PATIENT
HISTORY: Prev.normal: 2011 WNL Comment: LMP not given CLINICAL
COMMENTS: SPECIMEN(S): PAP THIN PREP

Normal

12:09 AM Surgical Pathology Report

Normal

Procedures

History of Breast Surgery Lumpectomy

History of Hip Arthroscopy

Procedures not documented

Immunizations

Immunizations not documented

Social History

Former smoker

Health Care Providers

Ambulatory Health Care Facilities

Noelle Bogdan

Unknown

Ambulatory Health Care Facilities (Primary Care Provider)

Unknown

Pharmacy

TARGET PHARMACY #0731

HIGHLAND IN 46022

Address

Document Details

Department of Orthopaedics & Podiatry

755 45th Street Suite 200

Murfreesboro, TN 37130

47601

1-800-451-0100

47601

1-800-773-0100 Telephone 1122

July 2, 2015 17:10:0000

Printed

Powered by Allscripts[®]

Site Sheet V2.2

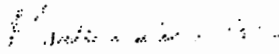
Joint Appellees' App. (Vol. 3) 84

BUSINESS RECORDS CERTIFICATE OF AUTHENTICITY

Patient's Full Name SONYA WINKLER
Patient's MRN/CSN E496835-DR. DAVID HARRIS

I, am the custodian of the records of **Franciscan Physician Network**. I am familiar with the type of documents and records received, created and relied upon by Hospital in the ordinary course of its business. I certify that the records listed below were
a) made at or near the time by or from information transmitted by someone with knowledge b) the records were kept in the course of a regularly conducted activity of a business, organization, occupation, or calling, whether or not for profit. c) making the records was a regular practice of that activity, and d) if such records are not originals, such records are a duplicate of the original. This certification is given by the custodian of the records instead of the custodian's personal appearance.

I certify under penalty of perjury that the foregoing is true and correct.


Signature

Tina Martisauskas

Printed name

ROI Specialist

Title

Date January 4, 2023

Exhibit H

Behavioral health and substance use disorder treatment records ("Part 2 Records") are afforded additional specific protections by Federal confidentiality rules (42 CFR Part 2) and will only be produced if a valid behavioral health/substance use disorder authorization for release of information was provided. The Certification excludes any Part 2 records unless such authorization was provided.

Acctnum: B2068
First Name: Sonya
Last Name: Winkler

7/26/94 11:35

Lower Extremity Follow-Up

Chief Complaint

Year old female recently underwent an MRI of the right hip. She states the injection given on her last visit to her right hip helped a great deal and she rates her pain level a 3/10. She states she still has pain when sitting to the top of her thigh, and rates that pain level a 4/10, she states she gets a pulling sensation.

History of Present Illness

Sonya returns today for repeat assessment of her right hip and review of her right hip MRI. She states that the lateral sided pain about the region of the greater trochanter is significantly improved following the injection we provided her last time. She is still having some ischial pain at the insertion of her hamstring and some mild deep posterior pain. Overall she is doing relatively well but is still frustrated with some of her limitations.

Review of Systems

Constitutional: no chills and no fatigue.
Head and Face: no facial pain and no facial pressure.
Eyes: eyes not red and no watery discharge from the eyes.
ENT: no hearing loss, no nasal congestion and no nasal discharge.
Cardiovascular: no chest pain.
Respiratory: no shortness of breath, no cough and no dry cough.
Gastrointestinal: no abdominal pain, no nausea and no vomiting.
Genitourinary: no urinary frequency and no pelvic pain.
Musculoskeletal: diffuse joint pain.
Integumentary and Breasts: no rashes, no skin wound and no itching.
Neurological: no headache and no confusion.
Psychiatric: no anxiety.
Endocrine: no muscle weakness.
Hematologic and Lymphatic: no swollen glands and no tendency for easy bleeding.

Active Problems

1. Benign neoplasm of skin of trunk (216.5)
2. Condyloma acuminatum (078.11)
3. Dermatofibroma (216.9)
4. Encounter for contraceptive management (V25.9)
5. Encounter for routine gynecological examination with Papanicolaou smear of cervix (V72.31,V76.2)
6. Hamstring tear (843.8)
7. Joint pain, hip (719.45)
8. Lentigo (709.09)
9. Neoplasm of uncertain behavior (238.9)
10. Pain of lower extremity (729.5)
11. Preventative health care (V70.0)
12. Skin tag (701.9)

Past Medical History

- Encounter for contraceptive management (V25.9)

- History of backache (V13.59)
- History of breast lump (V13.89)
- Preventative health care (V70.0)
- History of Visit for screening mammogram (V76.12)

Surgical History

- History of Breast Surgery Lumpectomy
- History of Hip Arthroscopy

Family History

- Family history of Diabetes Mellitus (V18.0)
- Family history of Hypertension (V17.49)
- Family history of Diabetes Mellitus (V18.0)
- Family history of Heart Disease (V17.49)
- Family history of Diabetes Mellitus (V18.0)
- Family history of Cancer

Social History

- Former smoker (V15.82)
- No alcohol use
- Single

Current Meds

1. Flax Seed Oil 1000 MG Oral Capsule;
Therapy: (Recorded:11Jun2015) to Recorded
2. Multi-Vitamin TABS;
Therapy: (Recorded:11Jun2015) to Recorded
3. Voltaren 1 % Transdermal Gel;
Therapy: 21May2015 to Recorded

Allergies

1. Silicone LIQD
2. Tuberculin PPD TEST

Vitals

** Printed in Appendix #1 below.

Results/Data

MRI of the right hip demonstrates no gross evidence of acetabular labral tearing. Postsurgical changes noted over the anterior aspect of the acetabulum. Increased fluid about the greater trochanteric bursa. Partial gluteus medius tendon tear on the right.

Physical Exam

Right Hip: No pain with axial loading or logrolling. Grossly positive tenderness to palpation over the ischial tuberosity, grossly positive tenderness over the greater trochanter, negative Ober test, negative Trendelenburg sign, negative Trendelenburg gait, brisk cap refill in the nail plates, negative straight leg raise. Anterior hip pain with resisted hip flexion, mildly positive impingement sign, hip flexion to 100° with mild pain, flexed internal rotation to 15° with mild pain, flexed external rotation to 45° with mild pain, 5/5 quadriceps and hamstring strength. Patient deferred x-rays today.

Assessment

Forty year old female status post right hip arthroscopy, labral repair with subsequent iliopsoas lengthening now with persistent right hip pain.

Plan

Hamstring tendinitis of right thigh, Tendinopathy

Documents

• Physical Therapy Referral Evaluation and Treatment Evaluation and Treatment Status:

Hold For - Scheduling Requested for: 02Jul2015

Her greater trochanteric bursitis has improved as well as her IT band syndrome. I believe she has some component of partial gluteus medius tendon tear slightly contributing to her symptoms as well as some ischial tuberosity bursitis versus tendinosis within her hamstring. There is no evidence of hamstring tearing on the MRI. I held a prolonged discussion with her today about her treatment options. She has deferred any injections although I think that may help into her ischial region. We will move forward with a course of physical therapy with ultrasound, stretching and iontophoresis. She will return back on an as needed basis indicated by her symptoms

Appendix #1

Patient: Winkler, Sonya J; DOB: [REDACTED] MRN: 20450300

	Recorded by : Corral, Andrea at 02Jul2015 04:08PM	Recorded by : Corral, Andrea at 11Jun2015 02:25PM	Recorded by : Salus, Michelle at 06Sep2012 09:25AM
Heart Rate	74	74	
Respiration			19
Systolic	100, LUE, Sitting	108, LUE, Sitting	
Diastolic	68, LUE, Sitting	70, LUE, Sitting	
Height	5 ft 8 in	5 ft 8 in	
Weight	134 lb	134 lb	
BMI	20.37	20.37	
Calculated			
BSA	1.72	1.72	
Calculated			
LMP			



Northlake Campus
Medical Records
600 Grant St
Gary, IN 46402
Ph: 219.886.4542

Southlake Campus
Medical Records
8701 Broadway
Merrillville, IN 46410
Ph: 219 738 5586

RE: Records of Sonya Winkler

The copies of records for which this certification is made are true and complete reproductions of the original or microfilmed hospital medical records that are housed in The Methodist Hospitals, Inc.

The original records were made in the regular course of business, and it was the regular course of The Methodist Hospitals, Inc to make the records at or near the time of the matter recorded. This certification is given under IC 34-43-1-5 by the custodian of the records instead of the custodian's personal appearance.

Patient Name: Sonya Winkler

Exhibit I

Medical Record Number: 3002067829

Patient Date of Birth: [REDACTED]

Number of Pages Copied and Certified: 104

This certification is made pursuant to Indiana Code Section 34-43-1-7 by the custodian of records in lieu of the custodian's personal appearance.


Signature of Certifying Party

01/17/2023
Date of Certification

08/10/2016 - Office Visit in MMG SL ORTHO C

Reason for Visit

Chief complaint: Hip Pain

Visit diagnoses

- Hamstring tendinitis of right thigh (primary)
- Bursitis of hip
- Iliotibial band tendinitis of right side

Visit Information

Provider Information

Encounter Provider	Authorizing Provider	Referring Provider
Vineet P Shah, DO	Vineet P Shah, DO	Carolina Ocampo

Department

Name	Address	Phone	Fax
MMG SL ORTHO C	101 E 87th Ave Merrillville IN 46410-7335	219-738-6670	219-738-5660

Follow-up and Dispositions

- Return in about 4 weeks (around 9/7/2016)

Level of Service

Level of Service

PR OFFICE OUTPATIENT VISIT 10 MINUTES

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

Omega-3 Fatty Acids (FISH OIL) 1000 MG capsule

Instructions: Take 2 g by mouth daily

Entered by: Marsha Gonnella

Entered on: 8/5/2016

Multiple Vitamins-Minerals (MULTIVITAMIN WITH MINERALS) tablet

Instructions: Take 1 tablet by mouth daily

Entered by: Marsha Gonnella

Entered on: 8/5/2016

meloxicam (MOBIC) 7.5 MG tablet

Instructions: Take 1 tablet by mouth 2 times daily (with meals) for 360 days.

Authorized by: Vineet P Shah, DO

Start date: 8/10/2016

Quantity: 60 tablet

Ordered on: 8/10/2016

End date: 8/5/2017

Refill: 1

Stopped in Visit

None

Progress Notes

Progress Notes

Vineet P Shah, DO at 10/2/2016 1728

08/10/2016 - Office Visit in MMG SL ORTHO C (continued)

Progress Notes (continued)

Subjective: Patient presents today for follow-up regarding right hip pain. Patient had pregnancy test done and is negative

Objective: Physical examination continues to demonstrate pain on the lateral aspect of the hip over the greater trochanter and down the IT band. She is neurovascularly intact.

Impression: #1 greater trochanter bursitis, #2 iliotibial band tendinitis and #3 hip pain

Plan: Patient will do ATI for physical therapy, meloxicam one tablet twice a day with food and a topical pain cream. I will see her back in 4 weeks. Conservative treatment would be the best for her the current time no surgical intervention is needed.

Electronically signed by Vineet P Shah DO at 10/2/2016 5:30 PM

Other Orders

Medications

meloxicam (MOBIC) 7.5 MG tablet (Expired)

Electronically signed by: Vineet P Shah, DO on 08/10/16 1544

Status: Expired

Ordering user: Vineet P Shah, DO 08/10/16 1544

Authorized by: Vineet P Shah, DO

Ordering mode: Standard

Frequency: ROUTINE BID W/M 08/10/16 - 360 days

Class: Normal

Flowsheets

AMB MEDICARE EXAM 10

Row Name 08/10/16 1446

Depression Scale 0-4

& Intervention

Depression Plan Not needed

AMB MEDICARE EXAM 17

Row Name 08/10/16 1447

Fall Risk Plan Not Needed

AMB MEDICARE EXAM 9

Row Name 08/10/16 1446

Little interest or
pleasure in doing
things?

Not at all

Feeling down,
depressed,
hopeless?

Not at all

Trouble falling or
staying asleep?

Not at all

Feeling tired or
have little
energy?

Not at all

Poor appetite or
overeating?

Not at all

*Exhibit E***WARNING TO RELEASE YOUR UNPAID FUND (*2003*)**

1 message

Ms.Kristalina Georgieva <kathyccapril2@gmail.com>
Reply-To: mskristalinageorgieva75@gmail.com
Bcc: sjwinkle@gmail.com

Tue, Jan 16, 2024 at 9:11 AM

(I.M.F) Head Office

Senior Resident Representative

#1900 Pennsylvania Ave NW,

Washington, DC 20431 USA.

(I.M.F)(*2003*).

INSTRUCTION / WARNING TO RELEASE YOUR UNPAID FUND (*2003*)

This is to intimate you of a very important piece of information which will be of a great help to redeem you from all the difficulties you have been experiencing in getting your long overdue payment, due to excessive demand for money from you by both corrupt Bank officials and Courier Companies after which your fund remain unpaid to you. I am Ms. Kristalina Georgieva, a highly placed official of the International Monetary Fund (IMF). It may interest you to know that reports have reached our office by so many correspondences on the uneasy way in which people like you are treated by Various Banks and Courier Companies/Diplomat across Europe to Africa and Asia /London Uk. We have decided to put a stop to that.

All Governmental and Non-Governmental prostates, NGOs, Finance Companies, Banks, Security Companies and Courier companies which have been in contact with you of late have been instructed to back off from your transaction and you have been advised NOT to respond to them anymore since the International Monetary Fund (IMF) is now directly in charge of your payment. Your name appeared in our payment schedule

list of beneficiaries that will receive their funds in this first quarter payment of the year because we only transfer funds twice in a year according to our banking regulation. We apologize for the delay of your payment and please stop communicating with any office now and attention to our office payment accordingly.

Now your new Payment, United Nation Approval No; UN5685P, White House Approved No: WH44CV, Reference No.-35460021, Allocation No: 674632, Password No: 339331, Pin Code No: 55674 and your Certificate of Merit Payment No: 103, Released Code No: 0763; Immediate (IMF) Telex confirmation No: -1114433; Secret Code No: XXTN013.

Your payment inheritance fund is USD\$10.7Million. Having received these vital payment numbers, therefore you are qualified now to receive and confirm your payment with the International Monetary Fund (IMF) immediately. We assure you that your payment will get to you as long as you follow my directives and instructions. We have decided to give you a CODE, THE CODE IS: (*2003*). Please, any time you receive a mail with the name Kristalina Georgieva, check if there is CODE (*2003*). if the code is not written, please delete the message from yourbox!

You are hereby advised NOT to remit further payment to any institutions with respect to your transaction as your fund will be transferred to you directly from our source. I hope this is clear. Any action contrary to this instruction is at your own risk. Respond to this e-mail on:(mskristalinageorgieva75@gmail.com)immediately effect and we shall give you further details on how your fund will be released.

Ms.Kristalina Georgieva

Managing Director of the International

Monetary Fund. (I.M.F)(*2003*).

Contact My Secretary On This Email (mskristalinageorgieva75@gmail.com

Mr Rod Anderson.

Cary Powell v. Gregory Brown, M.D.

Case Number 03D02-1909-CT-005326
Court Bartholomew Superior Court 2
Type CT - Civil Tort
Filed 09/17/2019
Status 05/09/2022 , Decided

Exhibit F

Parties to the Case

Defendant Brown M.D., Gregory

Address

11921 W. Grandview Drive
Columbus, IN 47201

Attorney

David S Strite
#1620710, Retained

401 South Fourth Street, Suite 2200
Louisville, KY 40202
502-585-4700(W)

Plaintiff Powell, Cary

Attorney

Myra Renet Reid
#3558371, Lead, Retained

Anderson, Agostino & Keller, PC
131 S. Taylor St.
South Bend, IN 46601
574-288-1510(W)

Attorney

Jill D Manges
#2078775, Retained

ANDERSON AGOSTINO & KELLER PC
131 South Taylor Street
South Bend, IN 46601
574-288-1510(W)

Attorney

Michael Paul Misch
#2797071, Retained

Anderson Agostino & Keller PC
131 S Taylor
South Bend, IN 46601
574-288-1510(W)

Chronological Case Summary

09/17/2019 Case Opened as a New Filing

09/17/2019 Appearance Filed
Appearance MPM MRR

For Party: Powell, Cary
File Stamp: 09/17/2019

09/17/2019 Complaint/Equivalent Pleading Filed

Complaint

Filed By: Powell, Cary
File Stamp: 09/17/2019

09/17/2019 Subpoena/Summons Issued
Summons Gregory Brown
Party: Powell, Cary
File Stamp: 09/17/2019

10/03/2019 Appearance Filed
Apperance - David Strite for Gregory Brown, MD
For Party: Brown, Gregory MD
File Stamp: 10/03/2019

10/08/2019 Answer Filed
Defendant, by counsel, file their Answer of Gregory Brown, MD
Filed By: Brown, Gregory MD
File Stamp: 10/08/2019

11/19/2019 Motion for Pretrial Conference Filed
Plaintiff, by counsel, files a Motion for Pre-Trial Conference
File By: Powell, Cary
File Stamp: 11/19/2019

11/20/2019 Order Granting Motion for Pretrial Conference
Order filed setting the matter for a telephonic pre-trial conference on 12/4/19 at 1:30 p.m. with counsel for Plaintiff to initiate the call 812-565-5654
Noticed: Misch, Michael Paul
Noticed: Strite, David S
Order Signed: 11/20/2019

11/20/2019 Hearing Scheduling Activity
Telephonic Attorney Conference scheduled for 12/04/2019 at 1:30 PM.

11/21/2019 Automated ENotice Issued to Parties
Order Granting Motion for Pretrial Conference ---- 11/20/2019 : Michael Paul Misch;David S Strite Hearing Scheduling Activity ---- 11/20/2019 : Michael Paul Misch;David S Strite

12/04/2019 Telephonic Attorney Conference
Session:
12/04/2019 1:30 P.M., Judicial Officer: Coriden, Kathleen Tighe
Result: Commenced and concluded

12/04/2019 Order for Pretrial Conference
Pre-trial Order filed and Granted: JT scheduled for February 2, 2021 at 8:30 a.m. as a 1st setting for 4 days. FPT set for January 6, 2021 at 4:00 p.m.
Noticed: Misch, Michael Paul
Noticed: Strite, David S
Noticed: Reid, Myra Renet
Order Signed: 12/04/2019

12/04/2019 Hearing Scheduling Activity
Final Pre-Trial Conference scheduled for 01/06/2021 at 4:00 PM.

12/04/2019 Hearing Scheduling Activity
Jury Trial scheduled for 02/02/2021 at 8:30 AM.

12/04/2019 Hearing Scheduling Activity
Jury Trial scheduled for 02/03/2021 at 8:30 AM.

12/04/2019 Hearing Scheduling Activity
Jury Trial scheduled for 02/04/2021 at 8:30 AM.

12/04/2019 Hearing Scheduling Activity
Jury Trial scheduled for 02/05/2021 at 8:30 AM.

12/05/2019 Automated ENotice Issued to Parties
Order for Pretrial Conference ---- 12/4/2019 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 12/4/2019 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 12/4/2019 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 12/4/2019 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 12/4/2019 : Michael Paul Misch;Myra Renet Reid;David S Strite

02/19/2020 Notice to Court Filed
Defendant, by Counsel, files Notice of Service of Interrogatories and Requests for Production of Documents
Filed By: Brown, Gregory MD
File Stamp: 02/18/2020

04/15/2020 Notice to Court Filed
Defendant, by counsel, files Notice to Take Deposition of Cary Powell (6.4.20)
Filed By: Brown, Gregory MD
File Stamp: 04/07/2020

05/29/2020 Notice to Court Filed
Defendant, by Counsel, files an Amended NTTD of Cary Powell 7.2.20
Filed By: Brown, Gregory MD
File Stamp: 05/28/2020

06/04/2020 Notice to Court Filed
Defendant, by counsel, files Notice of Filing Written Discovery Responses
Filed By: Brown, Gregory MD
File Stamp: 06/04/2020

06/16/2020 Notice to Court Filed
Defendant, by counsel, files their Notice to Cancel Deposition - Cary Powell 7-2-20
Filed By: Brown, Gregory MD
File Stamp: 06/15/2020

08/14/2020 Notice to Court Filed
Defendant, by counsel, files Notice to Take Deposition - Cary Powell 8.20.20
Filed By: Brown, Gregory MD
File Stamp: 08/14/2020

09/09/2020 Notice to Court Filed
Defendant, by counsel, files their Expert Witness Disclosure
Filed By: Brown, Gregory MD
File Stamp: 09/08/2020

11/06/2020 Notice to Court Filed
Defendant, by counsel, files their Notice of Brown's Responses to 1st Rgs and RFPD
Filed By: Brown, Gregory MD
File Stamp: 11/06/2020

11/09/2020 Mediation Status Report Filed
Mediator files his Report of Mediator - not settled at this time but additional mediation will be held on November 20, 2020
Filed By: Conner, Michael Dean
File Stamp: 11/09/2020

11/13/2020 Mediation Status Report Filed
Mediator files his Second Report of Mediator - agreement NOT reached
Filed By: Conner, Michael Dean
File Stamp: 11/13/2020

12/04/2020 Witness and/or Exhibit List Filed
PLAINTIFF'S FINAL WITNESS AND EXHIBIT LIST
Filed By: Powell, Cary
File Stamp: 12/04/2020

12/04/2020 Witness and/or Exhibit List Filed
Defendant, by counsel, files their Witness & Exhibit List
Filed By: Brown, Gregory MD
File Stamp: 12/04/2020

12/04/2020 Notice to Court Filed
Defendant, by counsel, files Notice to Take Deposition of Scott Beckman, MD (12.18.20)
Filed By: Brown, Gregory MD
File Stamp: 12/04/2020

12/08/2020 Motion for Stay
Parties, by counsel, file their Joint Motion to Stay Proceedings
Filed By: Powell, Cary
File Stamp: 12/07/2020

12/08/2020 Order Granting Motion for Stay
Order on Motion to Stay Proceedings Granted. The Court sets this matter for a telephonic pre-trial on June 16, 2021 at 1:30 p.m. with counsel for Plaintiff to initiate the call. FPT and JT dates vacated. (812-565-5654)

Noticed: Misch, Michael Paul
Noticed: Strite, David S
Noticed: Reid, Myra Renet
Noticed: Conner, Michael Dean
Order Signed: 12/08/2020

12/08/2020 Hearing Scheduling Activity
Jury Trial scheduled for 02/05/2021 at 8:30 AM was cancelled. Reason: Hearing Date to Be Determined.

12/08/2020 Hearing Scheduling Activity
Jury Trial scheduled for 02/04/2021 at 8:30 AM was cancelled. Reason: Hearing Date to Be Determined.

12/08/2020 Hearing Scheduling Activity
Jury Trial scheduled for 02/03/2021 at 8:30 AM was cancelled. Reason: Hearing Date to Be Determined.

12/08/2020 Hearing Scheduling Activity
Jury Trial scheduled for 02/02/2021 at 8:30 AM was cancelled. Reason: Hearing Date to Be Determined.

12/08/2020 Hearing Scheduling Activity
Final PreTrial Conference scheduled for 01/06/2021 at 4:00 PM was cancelled. Reason: Hearing Date to Be Determined.

12/08/2020 Hearing Scheduling Activity
Telephonic Attorney Conference scheduled for 06/16/2021 at 1:30 PM.

12/08/2020 Notice to Court Filed
Defendant, by counsel, files Notice to Cancel Deposition

Filed By: Brown, Gregory MD
File Stamp: 12/08/2020

12/09/2020 Automated ENotice Issued to Parties
Order Granting Motion for Stay ---- 12/8/2020 : Michael Dean Conner;Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ----
12/8/2020 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 12/8/2020 : Michael Paul Misch;Myra Renet Reid;David S Strite
Hearing Scheduling Activity ---- 12/8/2020 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 12/8/2020 : Michael Paul
Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 12/8/2020 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling
Activity ---- 12/8/2020 : Michael Paul Misch;Myra Renet Reid;David S Strite

01/06/2021 CANCELED Final PreTrial Conference
Reason: Hearing Date to Be Determined
Session:
01/06/2021 4:00 PM, Cancelled

02/02/2021 CANCELED Jury Trial
Reason: Hearing Date to Be Determined
Session:
02/02/2021 8:30 AM, Cancelled

02/03/2021 CANCELED Jury Trial
Reason: Hearing Date to Be Determined
Session:
02/03/2021 8:30 AM, Cancelled

02/04/2021 CANCELED Jury Trial
Reason: Hearing Date to Be Determined
Session:
02/04/2021 8:30 AM, Cancelled

02/05/2021 CANCELED Jury Trial
Reason: Hearing Date to Be Determined
Session:
02/05/2021 8:30 AM, Cancelled

06/16/2021 Telephonic Attorney Conference
Session:
06/16/2021 1:30 PM, Judicial Officer: Rohde, Jonathan L.
Result: Commenced and concluded

06/16/2021 Hearing Journal Entry
Pre-trial held this date. Counsel for both parties appear telephonically. JT scheduled for August 23, 2022 at 8:30 a.m. for 4 days as a 1st setting. FPT July 20, 2022 at 4:00 p.m. David Strite to prepare order.

Not Present: Misch, Michael Paul
Not Present: Strite, David S
Not Present: Reid, Myra Renet
Hearing Date: 06/16/2021

06/16/2021 Hearing Scheduling Activity
Final PreTrial Conference scheduled for 07/20/2022 at 4:00 PM.

06/16/2021 Hearing Scheduling Activity
Jury Trial scheduled for 08/23/2022 at 8:30 AM.

06/16/2021 Hearing Scheduling Activity
Jury Trial scheduled for 08/24/2022 at 8:30 AM.

06/16/2021 Hearing Scheduling Activity
Jury Trial scheduled for 08/25/2022 at 8:30 AM.

06/16/2021 Hearing Scheduling Activity
Jury Trial scheduled for 08/26/2022 at 8:30 AM.

06/17/2021 Automated ENotice Issued to Parties
Hearing Scheduling Activity ---- 6/16/2021 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 6/16/2021 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 6/16/2021 : Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 6/16/2021 : Michael Paul Misch;Myra Renet Reid;David S Strite

07/27/2021 Order for Pretrial Conference
Pretrial Order, from June 16, 2021 telephonic hearing, filed and Granted. JT scheduled for August 23, 2022 at 8:30 a.m. for 4 days. FPT set for July 20, 2022 at 4:00 p.m.

Noticed: Misch, Michael Paul
Noticed: Strite, David S
Noticed: Reid, Myra Renet
Noticed: Conner, Michael Dean
Order Signed: 07/27/2021

07/28/2021 Automated ENotice Issued to Parties
Order for Pretrial Conference ---- 7/27/2021 : Michael Dean Conner;Michael Paul Misch;Myra Renet Reid;David S Strite

02/24/2022 Appearance Filed
Jill Manges enters her Appearance on behalf of the Plaintiff

For Party: Powell, Cary
File Stamp: 02/24/2022

05/09/2022 Stipulation of Dismissal Filed
Agreed Stipulation of Dismissal filed

Filed By: Powell, Cary
Filed By: Brown, Gregory MD
Filed By: Misch, Michael Paul
Filed By: Strite, David S
Filed By: Reid, Myra Renet
Filed By: Manges, Jill D
File Stamp: 05/09/2022

05/09/2022 Order Granting Motion to Dismiss
Stipulation of Dismissal Granted

Order Signed: 05/09/2022

05/09/2022 Hearing Scheduling Activity
Final PreTrial Conference scheduled for 07/20/2022 at 4:00 PM was cancelled. Reason: Dismissal / Judgment.

05/09/2022 Hearing Scheduling Activity
Jury Trial scheduled for 08/23/2022 at 8:30 AM was cancelled. Reason: Dismissal / Judgment.

05/09/2022 Hearing Scheduling Activity
Jury Trial scheduled for 08/24/2022 at 8:30 AM was cancelled. Reason: Dismissal / Judgment.

05/09/2022 Hearing Scheduling Activity
Jury Trial scheduled for 08/25/2022 at 8:30 AM was cancelled. Reason: Dismissal / Judgment.

05/09/2022 Hearing Scheduling Activity
Jury Trial scheduled for 08/26/2022 at 8:30 AM was cancelled. Reason: Dismissal / Judgment.

05/10/2022 Automated ENotice Issued to Parties
Order Granting Motion to Dismiss ---- 5/9/2022 : Jill D Manges;Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 5/9/2022 : Jill D Manges;Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 5/9/2022 : Jill D Manges;Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 5/9/2022 : Jill D Manges;Michael Paul Misch;Myra Renet Reid;David S Strite Hearing Scheduling Activity ---- 5/9/2022 : Jill D Manges;Michael Paul Misch;Myra Renet Reid;David S Strite

07/20/2022 CANCELED Final PreTrial Conference
Reason: Dismissal / Judgment
Session:
07/20/2022 4:00 PM, Cancelled

08/23/2022 CANCELED Jury Trial
Reason: Dismissal / Judgment
Session:
08/23/2022 8:30 AM, Cancelled

08/24/2022 CANCELED Jury Trial
Reason: Dismissal / Judgment
Session:
08/24/2022 8:30 AM, Cancelled

08/25/2022 CANCELED Jury Trial
Reason: Dismissal / Judgment
Session:
08/25/2022 8:30 AM, Cancelled

08/26/2022 CANCELED Jury Trial
Reason: Dismissal / Judgment
Session:
08/26/2022 8:30 AM, Cancelled

Financial Information

* Financial Balances reflected are current representations of transactions processed by the Clerk's Office. Please note that any balance due does not reflect interest that has accrued - if applicable - since the last payment. For questions/concerns regarding balances shown, please contact the Clerk's Office.

Powell, Cary
Plaintiff

Balance Due (as of 04/24/2024)
0.00

Charge Summary

Description	Amount	Credit	Payment
Court Costs and Filing Fees	185.00	0.00	185.00

Transaction Summary

Date	Description	Amount
09/17/2019	Transaction Assessment	185.00
09/17/2019	Electronic Payment	(185.00)

This is not the official court record. Official records of court proceedings may only be obtained directly from the court maintaining a particular record.

STATE OF INDIANA

LAKE COUNTY

Sonya Winkler,

Plaintiff,

v.

Franciscan Alliance, Inc.

and David John Harris, M.D.,

Defendants.

UNITED STATES DISTRICT
IN THE LAKE CIRCUIT COURT COURT
FOR THE NORTHERN DISTRICT
OF INDIANA,
CROWN POINT, INDIANA HAMMOND, IN.

) * URGENT TO PLEASE
) SEND TO NY DONALD TRUMP
) TRIAL AS DAVID HARRIS

) Cause Number: _____

) COMMITTED BATTERY AGAINST
) ME AND

**VERIFIED MOTION FOR EMERGENCY TEMPORARY, PRELIMINARY, AND
PERMANENT INJUNCTIVE RELIEF; DECLARATORY JUDGMENT**

Sonya Winkler ("Winkler") hereby moves pursuant to Indiana Trial Rule of Civil Procedure 65, in order to obtain a temporary, preliminary, and permanent injunction prohibiting the Indiana Attorney General's office represent David John Harris, M.D. and Franciscan Alliance, Inc. ("Providers") on this case until the Court has an opportunity to issue a final judgment on the merits. (*Exhibit A, Indiana Attorney General's office*

representation). Winkler also moves pursuant to ~~Indiana~~ ^{FEDERAL} Trial Rule of Civil Procedure

57, in order to obtain a declaratory judgment. Winkler seeks protection orders for the safety and health of the United States of America. Case Background /

Winkler filed suit because the Providers' lied to her about having a gluteus medius tendon tear diagnosis, coercing her into unnecessary surgery causing permanent injuries, and just abandoning her to deal with the medical conditions on her own when she could not even stand two minutes (on her purple foot) to brush her teeth.

The Providers' have made a declaration (under penalty of perjury) through an affidavit that they did not diagnose Winkler with a gluteus medius tear, as stated in their medical records and to the medical review panel. (*Exhibit B, Affidavit*). The Providers' even stated, pre-op, that there was no evidence of a gluteus medius tear. (*Exhibit C, pre-op record*).

Winkler's certified to be true medical record, produced January 4th of 2023 from the original computer mainframe, show that the Providers' did indeed diagnose a partial gluteus medius tendon tear. (*Exhibit D, certified to be true record from July 2, 2015 appointment*).

Winkler produced the July 2, 2015 blank/deleted medical record to her previous attorney, in her reply submission to the panel, and to the Court several times as an exhibit. (*Exhibit E, blank/deleted July 2, 2015 medical record*). You can see the Providers' medical assistant notes. (*Id*). You can also see where Ortho accessed Winkler's OB/GYN lab results without her permission, showing that she is negative for HPV. (*Id*).

Winkler also included the "Authorization for Release of Patient Health Information" dated July 19, 2018 from Franciscan Medical Specialists with "Complete Health Record" circled which states, "this is the legal medical record as defined by the hospital." (*Exhibit F, Franciscan Medical Specialists Authorization for Release form*). Locations marked on the form for the Providers' were 759 & 761- 45th Street in Munster; although most of the records state that they are from Franciscan Health Munster at 701 Superior Avenue in Munster where Winkler was not treated. (*Id*).

The Providers' written informed consent (is blank for the diagnosis) from September 12th of 2016, states:

1. Condition: Dr. Harris has explained to me that the following condition(s) exist in my case: _____
(Exhibit G, Consent).

The September 28, 2016 consent form states that consent was done on September 26th of 2016, but there was no appointment or record for it. (Exhibit H, Consent).

Part of Franciscan's Mission Statement states: "All of Franciscan Health operates on a clear set of values and a true sense of responsibility." Franciscan's patient rights that were violated include:

To exercise your rights while receiving care or treatment without coercion, To be informed of the right to have pain treated as effectively as possible, To receive care in a safe setting, To be free from all forms of abuse or harassment, To be free from restraints of any form that are not medically necessary or are used as a means of coercion, To access information contained in your clinical records within a reasonable time frame. The healthcare provider must not frustrate the legitimate efforts of you or an authorized individual to gain access to your medical records and must actively seek to meet these requests as quickly as its record keeping system permits, to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising your access to services
(www.franciscanhealth.org).

Temporary, Preliminary, and Permanent Injunction

Winkler is requesting a temporary, preliminary, and permanent injunction against the Indiana Attorney General's office from further interfering on this case. In support of this motion, Winkler states:

- 1) The Providers and the Indiana Attorney General's office have prevented Winkler from fully and fairly presenting her case because of their fraud and intrusion. Winkler will continue to suffer immediate and irreparable physical and emotional injury, loss, and damage unless the Indiana Attorney General's office is enjoined and restrained by this Court from interfering on Winkler's case with the Providers pending hearing and resolution of Winkler's preliminary and permanent injunction.
- 2) Winkler has no adequate remedy at law if the Indiana Attorney General's office is allowed to continue intruding fraudulently on Winkler's case until a final judgment based on its merits.
- 3) Winkler will likely succeed in demonstrating that she is entitled to relief under the promissory estoppel doctrine. The Providers induced Winkler into the action of having surgery for which she did not need, for a tear in which she did not have, which has detrimental permanent effects.
- 4) The threatened injury to Winkler by the Indiana Attorney General's office defending the Providers outweighs any potential harm to the Indiana Attorney General's office if the injunction is granted because Courts hold that

defendants do not suffer harm from being forced to stop engaging in illegal conduct.

- 5) The public interest would certainly not be disserved by protecting the public health and welfare to the citizens of Lake County from the Providers.

This injustice described above created by the Providers and the Indiana Attorney General's office cannot be allowed to stand. Winkler grew up in the Renaissance, in downtown Hammond. She put herself through Indiana University Bloomington and the IUPUI Dietetics Internship program in Indianapolis. Winkler came back home to work and live in Hammond, giving back to her community. One of the goals for restructuring Hammond, stated by her city's Mayor, is to keep the young professionals in Hammond.

Who is going to want to stay here once they find out we lose our mobility, families, homes, careers, savings, retirement, goals, hopes, dreams, friends, hobbies, and future after we are battered, abandoned, and forced to fight our own cases, eating wet cat food, while having the most painful condition known to mankind and hip instability?

What do you do when the people who are supposed to protect you, are the very same ones causing your pain, angst, grief, frustration, and suffering? What law was ever enacted which contemplated the defeat of its purpose by fraud? What court was ever organized which would knowingly permit a litigant to profit by his own wrong?

Declaratory Judgment

Winkler seeks a declaration that the healthcare providers' decision to coerce her into surgery fell outside the jurisdiction of the medical review panel, because the

healthcare providers did not obtain informed consent for the procedure, in absence of consent, the providers committed a battery on Winkler. Winkler asks the following:

- 1) To declare coercing Winkler into surgery without informed consent was a battery as a matter of law.
- 2) To further declare that the battery claim falls outside the jurisdiction of the medical review panel.
- 3) To award damages for the battery and the providers' medical negligence.
- 4) To declare Franciscan Alliance, Inc. vicariously liable for Dr. Harris' actions.

The Providers' violated state and federal statutes governing nonprofit religious organizations by intentionally harming Winkler, deleting Winkler's records, covering up Medicaid fraud, depriving Winkler's Constitutional right to equal protection under the law, and the Due Process Clause of the 14th Amendment. For all the forgoing reasons, the Providers' unreasonable care was not related to the promotion of Winkler's health.

WHEREFORE, Winkler respectfully requests that the Court (pursuant to Ind. Trial Rules 57 & 65) issue an (temporary, preliminary, and permanent) injunction against the Indiana Attorney General's office pending hearing and resolution of Winkler's application for injunction, declaratory judgment, for leave to amend her complaint as justice requires, and for all other just and proper relief in the premises.

Respectfully submitted,

A handwritten signature in black ink, appearing to be a stylized 'S' or 'W' followed by a long horizontal stroke.

Sonya Winkler, pro se
3826-170th Street
Hammond, IN 46323
(219) 289-4840
sjwinkle@gmail.com

VERIFICATION OF ACCURACY

I, Sonya Winkler, verify that I am a *pro se*. My previous attorney was Michael at AAK Law in South Bend, Ind. Two other attorneys are also on paperwork; Myra Reid and Cary Powell.

Michael Paul Misch
131 S. Taylor Street
South Bend, IN. 46601

Myra Renet Reid
1822 East Fox Street
South Bend, IN. 46613

CERTIFICATE OF SERVICE

The undersigned hereby certifies that she submitted this document to the Lake *they*
Circuit Court in Crown Point via the Clerk's Office in Hammond. She also mailed it to: *either*

Krieg DeVault, LLP
Julie A. Rosenwinkel
8001 Broadway, Suite 400
Merrillville, IN. 46410

Krieg DeVault, LLP
Libby Goodknight
One Indiana Square, Suite 2800
Indianapolis, IN. 46204-2079

Swanson, Martin & Bell, LLP
Bryan E. Rogers
330 North Wabash, Suite 3300
Chicago, IL. 60611

/s/ Sonya Winkler

Exhibit A

CCS ENTRY FORM

STATE OF INDIANA)
)SS:
LAKE COUNTY)

LAKE COUNTY SUPERIOR COURT
SITTING AT _____
CAUSE NO.: _____

45D01 18 10 PL 00401
b9

SONYA WINKLER,)
)
Plaintiff,)
)
v.)
)
ANONYMOUS ALLIANCE, INC.,)
DR. A AND DR. B,)
)
Defendants.)

Filed in Clerks

SEP 06 2018

Michael A. Brown
CLERK LAKE COUNTY COURT

FILE STAMP HERE

The activity of the Court should be summarized as follows on the Chronological Case Summary (CCS):

Michael P. Misch enters his Appearance on behalf of Plaintiff. Plaintiff, by counsel, files her Complaint and Summonses. Summonses to be served by counsel.

Attorney for Plaintiff:

Michael P. Misch (#27970-71)
Anderson Agostino & Keller, P.C.
131 S. Taylor Street
South Bend, IN 46601

Attorneys for Defendants:

Kenneth L. Joel, Esq.
Elizabeth R. Polleys, Esq.
Indiana Government Center, 5th Floor
302 W. Washington Street
Indianapolis, IN 46204

(TO BE DESIGNATED BY THE COURT)

This CCS Entry Form shall be:

- ☐ Placed in case file
- ☐ Discarded after entry on the CCS
- ☐ Mailed to all counsel by: _____ Counsel _____ Clerk _____ Court
- ☐ There is no attached order; or

The attached order shall be placed in the RJO: Yes ☐ No ☐

DATE _____

APPROVED _____

STATE OF INDIANA
BEFORE THE DEPARTMENT OF INSURANCE

SONYA WINKLER,

Plaintiff,

vs.

FRANCISCAN ALLIANCE, INC. AND
DAVID JOHN HARRIS, M.D.,

Defendants.

CLAIM NO. 1019399

Exhibit B

DEFENDANT DAVID J. HARRIS, M.D.'S AFFIDAVIT

I, DAVID J. HARRIS, M.D., being duly sworn on oath, and under penalty of perjury under the laws of the State of Indiana, state as follows:

1. I have personal knowledge of the facts set forth hereinafter, and if called as a witness, could and would completely testify and attest to the facts herein.
2. I am currently a Defendant in the above-captioned matter.
3. I am a board-certified physician who specializes in orthopedic surgery.
4. Contrary to Ms. Winkler's allegation, I did not advise her that I "could do a bursectomy before the door even closed." I did not laugh at her concerns and I did not "joke" that I "had to be careful with people who knew too much."
5. I did not coerce Ms. Winkler into proceeding with the right hip bursocopy, greater trochanteric bursectomy and partial IT band release by advising her that she had a gluteal medius tear. As stated in my panel submission and my office records, I did not inform her that she had a gluteus medius tear.

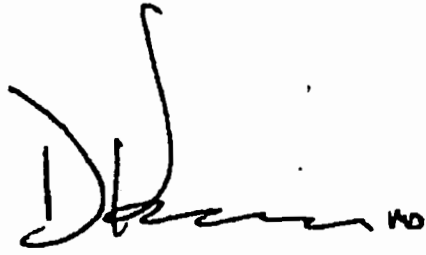
6. Contrary to paragraph 2 of page 13 of plaintiff's reply submission, I did not tell her that the only risk associated with her procedure was the anesthesia. I always fully discuss the risks of a procedure with patients.

7. According to page 20 of plaintiff's submission, I allegedly told her she has no many problems and I rolled my eyes before I "walked out on her." I do not treat patients in that manner and did not do so in this case.

8. Lastly, I did not advise Ms. Winkler that Dr. Koh missed the gluteus medius tear, as I never diagnosed her with that condition.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury as provided by law pursuant to IC 35-44.1-2-1, the undersigned certifies that the statements set forth in the foregoing affidavit are true and correct, except as to matters therein stated to be on information and belief and, as to such matters, the undersigned certifies that he believes the same to be true.

A rectangular box containing a handwritten signature in black ink. The signature is cursive and appears to read "D. Harris".

DAVID J. HARRIS, M.D.

FRANCISCAN ALLIANCE

FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4029
Legal Medical Record

Winkler, Sonya
MRN: E496835, DOB: [REDACTED], Sex: F
Adm: 9/28/2016, D/C: 9/28/2016

Operative Notes (continued)

Op Note signed by Harris, David John, MD at 10/3/2016 11:53 PM (continued)

OPERATIVE REPORT

DATE OF SURGERY: 09/28/2016

PREOPERATIVE DIAGNOSIS: Right hip greater trochanteric bursitis and right hip hamstring insertional tendinitis.

POSTOPERATIVE DIAGNOSIS: Right hip greater trochanteric bursitis and right hip hamstring insertional tendinitis.

NAME OF PROCEDURE: Right hip bursoscopy, iliotibial band release and greater trochanteric bursectomy, right hamstring tendon insertion injection.

SURGEON: David J. Harris, MD

ASSISTANT Melissa Cooper PA-C

ANESTHESIA:

ESTIMATED BLOOD LOSS: Minimal.

COMPLICATIONS: None.

PREOPERATIVE HISTORY: A [REDACTED] year-old female with a chronic and persistent history of right hip pain and discomfort and limitation. She had undergone a previous right hip arthroscopy with iliopsoas lengthening with minimal symptomatic benefit. She has pain of both the insertion of her right hamstring at the ischial tuberosity, but also over the lateral aspect of the hip. We have MRI evidence confirming no evidence of gluteus medius tendon tear but greater trochanteric bursitis. She had an injection into this region which should provide her some symptomatic relief; however, it was not definitive. She is aware of the risks, benefits, and potential complications and is hoping to move forward with definitive surgical procedure to address this and we are thus proceeding with full informed consent.

OPERATIVE PROCEDURE: The patient was appropriately identified in the preoperative holding area. The right hip was marked and perioperative antibiotics given. She was then transferred to the operating theater onto a standard OR bed with a beanbag where general endotracheal anesthesia was induced without complication. She was then positioned in the lateral decubitus position, right side up. Her right arm was safely draped cross her chest and an axillary roll was placed. Bean bag was then used to hold her

FRANCISCAN ALLIANCE

FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4029
Legal Medical Record

Winkler, Sonya
MRN: E496835, DOB: [REDACTED], Sex: F
Adm: 9/28/2016, D/C: 9/28/2016

Operative Notes (continued)

Op Note signed by Harris, David John, MD at 10/3/2016 11:53 PM (continued)

safely in this position. Bilateral SCDs and calf high TED hose were applied as well as appropriate pillow padding of her right and left leg. The right hip was then shaved, prepped and draped in the standard sterile fashion, and after a formal time-out identifying the appropriate the patient name, all notable allergies, and the appropriate operative side, an injection of 80 mg of Depo-Medrol was performed into the tendon insertion of the hamstrings on the right ischial tuberosity. This was uncomplicated and well tolerated by the patient. We then marked landmarks about the lateral aspect of the hip, including the confines of the proximal femur, ASIS and PSIS, as well as the vastus ridge. Two incisions were then made, one roughly 4 cm proximal and then 4 cm distal to the vastus ridge, the trocar and a switching stick were then inserted down to the level of the IT band. These were gently swept anteriorly and posteriorly, creating the small potential space, and a motorized shaver was used to gently free up the fat from its adhesions, and a radiofrequency ablation wand was then used once orientation was obtained to perform a central split down the central portion of the IT band. Anterior and posterior cuts were then made, creating 4 equal flaps. Once these were resected with a motorized shaver and radiofrequency ablation wand leaving a small anterior and small posterior band of the IT band intact, in a diamond shape aperture. The underlying greater trochanteric bursa was inspected. This was found to be significantly inflamed. A greater trochanteric bursectomy was then performed with a motorized shaver and radiofrequency ablation wand underneath the vastus lateralis and vastus ridge were inspected, as was the gluteus medius tendon.

The hip was then copiously irrigated. All excess fluid and debris was removed. The arthroscopic portal sites were closed with simple 4-0 Vicryl sutures. Steri-Strips, Adaptic, 4 x 4's, ABDs and Medipore tape were then all applied as well as a Cryo/Cuff unit. Prior to closure, meticulous hemostasis was maintained within the hip. Overall, there was no evidence of any pre, peri, or immediate postoperative complications with this procedure and it was well tolerated by the patient.

DAVID HARRIS, MD

D: 10/03/2016 10:57 AM T: 10/03/2016 8:31 PM WMX Job: 455975

The final copy of this document is located in the Franciscan Health

Printed on 9/14/18 10:00 AM

Page 34

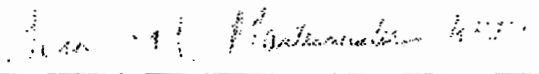
BUSINESS RECORDS CERTIFICATE OF AUTHENTICITY

Patient's Full Name: SONYA WINKLER
Patient's MRN/CSN: E496835-DR. DAVID HARRIS

I, am the custodian of the records of **Franciscan Physician Network**. I am familiar with the type of documents and records received, created, and relied upon by Hospital in the ordinary course of its business. I certify that the records listed below were:

a.) made at or near the time by or from information transmitted by someone with knowledge; b.) the records were kept in the course of a regularly conducted activity of a business, organization, occupation, or calling, whether or not for profit, c.) making the records was a regular practice of that activity; and d.) if such records are not originals, such records are a duplicate of the original. This certification is given by the custodian of the records instead of the custodian's personal appearance.

I certify under penalty of perjury that the foregoing is true and correct.



Signature

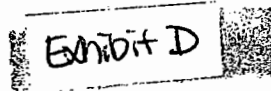
Tina Martisauskas

Printed name

ROI Specialist

Title

Date: January 4, 2023



Behavioral health and substance use disorder treatment records ("Part 2 Records") are afforded additional specific protections by Federal confidentiality rules (42 CFR Part 2) and will only be produced if a valid behavioral health/substance use disorder authorization for release of information was provided. The Certification excludes any Part 2 records unless such authorization was provided.

Acctnum: 82068
First Name: Sonya
Last Name: Winkler

12/12/11 1:25

Lower Extremity Follow-Up

Chief Complaint

Year old female recently underwent an MRI of the right hip. She states the injection given on her last visit to her right hip helped a great deal and she rates her pain level a 3/10. She states she still has pain when sitting to the top of her thigh, and rates that pain level a 4/10, she states she gets a pulling sensation.

History of Present Illness

Sonya returns today for repeat assessment of her right hip and review of her right hip MRI. She states that the lateral sided pain about the region of the greater trochanter is significantly improved following the injection we provided her last time. She is still having some ischial pain at the insertion of her hamstring and some mild deep posterior pain. Overall she is doing relatively well but is still frustrated with some of her limitations.

Review of Systems

Constitutional: no chills and no fatigue.
Head and Face: no facial pain and no facial pressure.
Eyes: eyes not red and no watery discharge from the eyes.
ENT: no hearing loss, no nasal congestion and no nasal discharge.
Cardiovascular: no chest pain.
Respiratory: no shortness of breath, no cough and no dry cough.
Gastrointestinal: no abdominal pain, no nausea and no vomiting.
Genitourinary: no urinary frequency and no pelvic pain.
Musculoskeletal: diffuse joint pain.
Integumentary and Breasts: no rashes, no skin wound and no itching.
Neurological: no headache and no confusion.
Psychiatric: no anxiety.
Endocrine: no muscle weakness.
Hematologic and Lymphatic: no swollen glands and no tendency for easy bleeding.

Active Problems

1. Benign neoplasm of skin of trunk (216.5)
2. Condyloma acuminatum (078.11)
3. Dermatofibroma (218.9)
4. Encounter for contraceptive management (V25.9)
5. Encounter for routine gynecological examination with Papanicolaou smear of cervix (V72.31,V76.2)
6. Hamstring tear (843.8)
7. Joint pain, hip (719.45)
8. Lentigo (709.09)
9. Neoplasm of uncertain behavior (238.9)
10. Pain of lower extremity (729.5)
11. Preventative health care (V70.0)
12. Skin tag (701.9)

Past Medical History

- Encounter for contraceptive management (V25.9)

Documents

- History of backache (V13.59)
- History of breast lump (V13.89)
- Preventative health care (V70.0)
- History of Visit for screening mammogram (V76.12)

Surgical History

- History of Breast Surgery Lumpectomy
- History of Hip Arthroscopy

Family History

- Family history of Diabetes Mellitus (V18.0)
- Family history of Hypertension (V17.49)
- Family history of Diabetes Mellitus (V18.0)
- Family history of Heart Disease (V17.49)
- Family history of Diabetes Mellitus (V18.0)
- Family history of Cancer

Social History

- Former smoker (V15.82)
- No alcohol use
- Single

Current Meds

1. Flax Seed Oil 1000 MG Oral Capsule;
Therapy: (Recorded:11Jun2015) to Recorded
2. Multi-Vitamin TABS;
Therapy: (Recorded:11Jun2015) to Recorded
3. Voltaren 1 % Transdermal Gel;
Therapy: 21May2015 to Recorded

Allergies

1. Silicone LIQD
2. Tuberculin PPD TEST

Vitals

** Printed in Appendix #1 below.

Results/Data

MRI of the right hip demonstrates no gross evidence of acetabular labral tearing. Postsurgical changes noted over the anterior aspect of the acetabulum. Increased fluid about the greater trochanteric bursa. Partial gluteus medius tendon tear on the right.

Physical Exam

Right Hip: No pain with axial loading or logrolling. Grossly positive tenderness to palpation over the ischial tuberosity, grossly positive tenderness over the greater trochanter, negative Ober test, negative Trendelenburg sign, negative Trendelenburg gait, brisk cap refill in the nail plates, negative straight leg raise. Anterior hip pain with resisted hip flexion, mildly positive impingement sign, hip flexion to 100° with mild pain, flexed internal rotation to 15° with mild pain, flexed external rotation to 45° with mild pain, 5/5 quadriceps and hamstring strength. Patient deferred x-rays today.

Assessment

Forty year old female status post right hip arthroscopy, labral repair with subsequent iliopsoas lengthening now with persistent right hip pain.

Plan

Hamstring tendonitis of right thigh, Tendinopathy

Documents

• Physical Therapy Referral Evaluation and Treatment Evaluation and Treatment Status:

Hold For - Scheduling Requested for: 02Jul2015

Her greater trochanteric bursitis has improved as well as her IT band syndrome. I believe she has some component of partial gluteus medius tendon tear slightly contributing to her symptoms as well as some ischial tuberosity bursitis versus tendinosis within her hamstring. There is no evidence of hamstring tearing on the MRI. I held a prolonged discussion with her today about her treatment options. She has deferred any injections although I think that may help into her ischial region. We will move forward with a course of physical therapy with ultrasound, stretching and iontophoresis. She will return back on an as needed basis indicated by her symptoms.

Appendix #1

Patient: Winkler, Sonya J; DOB: [REDACTED] MRN: 20450300

	Recorded by : Corral, Andrea at 02Jul2015 04:08PM	Recorded by : Corral, Andrea at 11Jun2015 02:25PM	Recorded by : Salus, Michelle at 06Sep2012 09:25AM
Heart Rate	74	74	
Respiration			19
Systolic	100, LUE, Sitting	108, LUE, Sitting	
Diastolic	68, LUE, Sitting	70, LUE, Sitting	
Height	5 ft 8 in	5 ft 8 in	
Weight	134 lb	134 lb	
BMI Calculated	20.37	20.37	
BSA Calculated	1.72	1.72	
LMP			

WINKLER, Sonya

3822 169th St
Hammond IN 46323
Address

Female
Sex

20450300
MRN

English (preferred)
Language
White
Race

Exhibit E

Chief Complaint

Year old female recently underwent an MRI of the right hip. She states the injection given on her last visit to her right hip helped a great deal and she rates her pain level a 3/10. She states she still has pain when sitting to the top of her thigh and rates that pain level a 4/10. She states she gets a pulling sensation

Treatment Plans

Planned Goals not documented

Physical Therapy Referral

Instructions

Instructions not documented

Vitals

BP Systolic	100 mm[Hg]
BP Diastolic	68 mm[Hg]
Heart Rate	74 /min
Height	68 in
Weight	134 lb
Body Mass Index Calculated	20.37 kg/m ²
Body Surface Area Calculated	1.72

Medications

Flax Seed Oil 1000 MG Oral Capsule

Multivitamin TABS

Voltaren 1% Transdermal Gel

Medications Administration

Medication Administration not documented

Diagnosis

Benign neoplasm of skin of trunk
Condyloma acuminatum
Dermatofibroma
Encounter for contraceptive management
Encounter for routine gynecological examination with Papanicolaou smear of cervix
Hamstring tear
Hamstring tendinitis of right thigh
Joint pain hip
Lesion
Neoplasm of uncertain behavior

Pain of lower extremity			
Preventative health care			
Skin tag			
Tendinopathy			
Allergies			
Silicone LIQD			
Tuberculin PPD TEST			
Results			
Test: test HPV High Risk DNA on 21-May-2016 at 2:26 AM			
HPV 16	NOT DETECTED	Range: NOT DETECTED	
HPV 18	NOT DETECTED	Range: NOT DETECTED	
Other High Risk HPV	NOT DETECTED	Range: NOT DETECTED Comments: Includes HPV types 21, 23, 35, 39, 45, 51, 52, 56, 58, 66, 68, 69	
12:05 AM	Pathology Request	PROCESSED	Comments: Other
12:00 AM	Gyne Cytology Report	Patient Name: WINKLER, SONYA Accession Number: NNG15-20809 PATIENT HISTORY: Prev.normal: 2011 WNL Comment: LMP not given CLINICAL COMMENTS: SPECIMEN(S): PAP THIN PREP	
12:00 AM	Surgical Pathology Report	Normal	
Procedures			
History of Breast Surgery Lumpectomy			
History of Hip Arthroscopy			
Procedures not documented			
Immunizations			
Immunizations not documented			
Social History			
Smoking Status: Former smoker			
Health Care Providers			
Ambulatory Health Care Facilities		Unknown Address	
Noelle Bogdan			
Ambulatory Health Care Facilities (Primary Care Provider)		Unknown Address	
Pharmacy		HIGHLAND IN 46022 Address	
TARGET PHARMACY #0731			
Document Details			
Department of Orthopaedics & Podiatry 755 45th Street Suite 200 Muncie, IN 46801 Phone: (317) 235-0100 Fax: (317) 235-0100 TTY: (317) 235-0100			
11 - 16730 Tr. isform 4 1 2 2 July 2, 2015 17:00:00 Published			
Powered by Allscripts™			Style Sheet V2.2

Exhibit F

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

Franciscan Medical Specialists

Please check appropriate location:

300 W. 80th Place, Merrillville, IN 46410

819 Main Street, Dyer, IN 46311

5529 Hohman Ave., Hammond, IN 46320

1225 Coolspring Rd, Michigan City, IN 46360

☒ (same day SX) 761 45th Street, Munster, IN 46321

2001 U.S. 41, Schererville, IN 46375

2307 LaPorte Ave., Valparaiso, IN 46383

731 45th St., Suite 123, Munster, IN 46321

☒ 759 45th St., Munster, IN 46321

I AUTHORIZE FRANCISCAN MEDICAL SPECIALISTS TO RELEASE THE BELOW INFORMATION FROM MY HEALTH RECORD(S).

Patient Name (Please Print):

Sonya Winkler

PT

Patient Address:

3822-169th ST, Hammond, IN. 46323

Date of Birth:

Last 4 Digits of Social Security #

Patient Telephone #

(219) 688-4616

Covering the period(s) of treatment:

anything for Dr Harris (June 2005 - May 2017)

INFORMATION TO BE RELEASED:

☒ Progress Note (Date):

☒ Radiology (X-ray, CT Scan, MRI)

☒ Procedure Note

☒ Immunization Record

☒ Complete Health Record (this is the legal medical record as defined by the hospital)

Other (specify):

Lab Results

Consultations

Abstract of Health Record

EKG

HCFA 1500/Billing

JUST DR HARRIS

INFORMATION TO BE RELEASED TO:

Name:

Sonya Winkler

Address/City/State/Zip:

3822-169th ST, Hammond, IN. 46323

Telephone #:

(219) 688-4616

k2
BR

PURPOSE OF DISCLOSURE: ☐ Continuation of Care ☐ Insurance ☐ Attorney ☐ Personal Use ☒ Other

I understand this authorization can be revoked by me at any time in writing to Franciscan Medical Specialists except that disclosure made in good faith has already occurred in reliance on this authorization. Franciscan Medical Specialists will not condition treatment, payment, enrollment or eligibility for benefits on whether this authorization is signed except as allowed under the HIPAA regulations.

I understand that a fee may be charged for preparing a copy of the requested records. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal or state law. Unless otherwise revoked, this authorization will expire on the following date, event, or condition:

If I fail to specify an expiration date, event or condition, this authorization will expire in 60 days.

Your protected health information will be provided to you in paper format. If you wish for your protected health information to be provided to you in a secure electronic form, you must initial here: Documents will be provided in a pdf file format. Select the electronic format: ☐ CD/DVD ☐ USB ☐ Email

Email address records should be sent to:

The password for accessing your electronic media is:

By initialing here, I understand that unencrypted e-mail or media (e.g., CD, DVD, USB Flash Drive, etc.) is not considered a confidential means of communication. I have been offered a secure method to receive my records and I have chosen to receive without the protection of encryption. I agree to waive any rights that I may have against Franciscan Alliance, any affiliated organization, or physician, or the suppliers, for any compromised information due to the technical failures and/or unintended breach of confidentiality.

Franciscan
MEDICAL SPECIALISTS

38419
Processed by CIOX Health
Rep. 8-14-18
Date 8-14-18
Pages 18

Page 1 of 2

Release of Information

Patient Name:

E496835

Account #:

Medical Record #:

Joint Appellees App. (Vol. 5) 85

Amey 7/23/18
To Ciox on 8/16/18

AUTHORIZATION FOR RELEASE OF PATIENT HEALTH INFORMATION

I understand that this release also pertains to records regarding the testing and treatment for alcohol/substance abuse, human immunodeficiency virus (HIV) and/or AIDS, or for psychiatric treatment or counseling or communicable disease, or genetic testing unless I have initialed here: SW

SIGNATURE: Sonja Winker DATE: 7-19-18

RELATIONSHIP TO PATIENT, if other than patient: _____

DESCRIPTION OF AUTHORITY TO ACT FOR PATIENT (if applicable): _____

WITNESS SIGNATURE: [Signature] DATE: 7/19/18

RECEIVED
JUL 19 2018

BY: [Signature]

 **Franciscan**
MEDICAL SPECIALISTS

Page 2 of 2

Release of Information

Patient Name:	_____
Account #:	_____
Medical Record #:	_____

FMS MN ORTHOPEDIC MEDICINE
759 45th Ave Ste 201
MUNSTER IN 46321-2938
Legal Medical Record

Winkler, Sonya
MRN: E496835, DOB: [REDACTED] Sex: F
Encounter date: 9/29/2016

Encounter-Level Documents: (continued)

 **Franciscan**
PHYSICIAN NETWORK

Sonya Winkler

759 45th Street, Suite 201/ Munster, IN 46321
Phone: (219) 836-0296/Fax: (219) 836-0570
2001 US 41/ Schererville, IN 46375
Phone: (219) 365-0970/Fax: (219) 365-1830

GENERAL CONSENT FOR SURGICAL PROCEDURES

You agree that your information about your condition and the recommended surgical, medical or diagnostic procedure(s) to be used. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold consent to the proposed procedure(s).

1. Condition: Dr. Harris has explained to me that the following condition(s) exist in my case:

2. Proposed Procedure(s): I understand that the procedure(s) proposed for evaluating and treating my condition is/are:

Right hip bursectomy, greater trochanteric bursectomy, IT band release

3. Risks/Benefits of Proposed Procedure(s): Just as there may be benefits to the procedure(s) proposed, I also understand that medical and surgical procedures involve risks. These risks included allergic reaction, bleeding, blood clots, infections, adverse side effects of drugs, and even loss of bodily function of life, as well as risks of transfusion reactions and the transmission of infectious disease, including Hepatitis and Acquired Immune Deficiency Syndrome, from the administration of blood and/or blood components. Other risks could include continued pain, deformity, and failure of the procedure.

4. Complications; Unforeseen Conditions; Benefits: I am aware that in the practice of medicine, either unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s) unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorized such procedures to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.

5. Acknowledgements: The available alternatives, the potential benefits, and risks of the proposed procedure(s), and the likely results without such treatment, have been explained to me. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers.

6. Consent to Procedure(s) and Treatment: Having read this form and talked with the physicians, my signature below acknowledges that I voluntarily give my authorization and consent to the performance of the procedure(s) described above.

Sonya Winkler

Patient or person authorized to sign for patient

[Signature]

Witness

9-12-16

Date

9/12/16

Date

Please be advised that pre-op testing may not be a covered benefit under your insurance plan. You may be responsible for payment of those charges. It is recommended that you contact your benefits administrator for more information regarding pre-op benefits.

Exhibit G

Order-Level Documents:

There are no order-level documents.

FRANCISCAN ALLIANCE

FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4029
Legal Medical Record

Winkler, Sonya
MRN: E496835, DOB: [REDACTED] Sex: F
Adm: 9/28/2016, D/C: 9/28/2016

Encounter-Level Documents:

Consent Acute on: 10/7/2016 2:29 PM by: Scan, Doc Image, MD 197076438 (below)

1. SONYA WINKLER authorizes Dr. HARRIS and such assistants, residents and employees as may be indicated by him/her to perform the following surgical or other medical procedure(s):
Right hip burascopy greater trochanteric bursectomy
transfemoral band ligation Right iliofemoral
insertion injection of beta methasone
2. I understand that some physicians including, but not limited to, pathologists, anesthesiologists, residents and radiologists who may be treating me are not employees or agents of Franciscan Healthcare - Munster, but independent medical practitioners who are solely and exclusively responsible for the exercise of their medical judgment.
3. It has been explained to me that during the course of the operation/procedure unforeseen conditions may be revealed that necessitate an extension of the original procedure(s) or different procedure(s) than those set forth in Paragraph 1. I therefore authorize and request that the above named physician or his/her assistant perform such additional or different medical or surgical procedures as are deemed necessary and desirable in the exercise of his/her or their professional judgment.
4. The operation(s), treatment and/or procedure(s) has (have) been explained to me by my physician in terms I understand. I understand the nature and purpose of the operation(s) and/or procedure(s). I have been made aware of the medically significant risks and consequences that are associated with the operation(s), treatment and/or procedure(s) stated above as well as the alternative courses of treatment and the risks and consequences of refusing the operation(s) and/or procedure(s). I acknowledge that no guarantees or assurance have been made to me concerning the results of the procedure(s) stated above.
5. I consent that tissue or parts of my body removed in surgery, body fluids, x-ray films, and other materials, as well as medical information concerning me may be used in research studies, in publication of results and in teaching.
6. I consent to the disposal by hospital authorities of any tissues or body parts, which may be removed with the exception of cardiac.
7. Providing my identity is not revealed, I consent to the taking and publication of any photographs or televising in the course of this operation, treatment and/or procedure for medical scientific and educational purposes.
8. I have been informed that prior to, or during the procedure, I may also receive intravenous medications for sedation. It has been explained that the primary goal of sedation is to allow fear and anxiety while still being able to cooperate with the procedure. Adverse and/or undesirable effects associated with intravenous sedation may be slurred speech, unresponsive sleep, low blood pressure, agitation, combativeness, decreased respirations, respiratory depression, airway obstruction, and in rare instances cardiac arrest. I understand that all sedative drugs, including anesthetic agents, may slow reaction time, and although my reactions seem normal, they will be affected.
9. If the physician deems it necessary, I also authorize, permit and consent to the presence of any sales representatives or vendors in the procedure, for technical support only. I understand that the sales representatives or vendor will NOT physically participate in the procedure, but will be present only in an advisory capacity for the responsible physician.
10. For the purpose of advancing medical education, I consent to the admittance of observers to the room in which the procedure(s)/treatment is performed. I understand that supervised students in training in the hospital may be involved in my treatment before, during and after the treatment/procedure.

Exhibit H

Franciscan HEALTHCARE
Munster

Page 1 of 2

1. WINKLER, SONYA
2. DATE: [REDACTED] 10/7/2016
3. CODE: 0496835
4. ADM: 9/28/2016
5. D/C: 9/28/2016

ECONFRM 0003
Rev. 11/12

Authorization For and Consent to Surgical
Operations, Diagnostic and Therapeutic
Procedures

SCONFRM

FRANCISCAN ALLIANCE

FRANCISCAN HEALTH
MUNSTER
701 SUPERIOR AVENUE
MUNSTER IN 46321-4029
Legal Medical Record

Winkler, Sonya
MRN: E498835, DOB: [REDACTED] Sex: F
Adm: 9/28/2016, D/C: 9/28/2016

Encounter-Level Documents: (continued)

- (1) I hereby consent to have my blood tested if a physician or other staff member is exposed to my blood during my procedure. I understand that this consent will only be in effect during the time I am unable to sign a consent. This is necessitated by the possible risk of employees being exposed to HIV positive blood and by the short period of time after an exposure for a person exposed (to another person's blood) to have preventative medications started. If an exposure occurs after this time, I will be asked to sign an informed consent specific to this occurrence.

Authorization For and Consent to Surgical
Operations, Diagnostic and Therapeutic Procedures

My signature below constitutes my acknowledgement: (1) that I have read, or have had read to me, and agreed to all of the above; (2) that the proposed procedure(s) or procedure(s) have been satisfactorily explained to me and I have all the information which I desire about them; (3) that I have been given an opportunity to ask questions that I might have concerning the procedure, and have received answers to my satisfaction; and (4) that I hereby give my authorization and consent.

Signature: [Signature]
Date and Time: 9-28-16-10:50am

Relationship: Patient/Legal Representative

I have personally explained to the patient, or his or her legal representative, the information set forth in the above on 9-28-16.

Physician's Signature

PATIENT WITH "DO NOT RESUSCITATE (DNR)" ORDERS ONLY:

1. I understand that by consenting to this procedure, I am also consenting to a temporary suspension of the DNR (Do Not Resuscitate) orders until the procedure and/or anesthesia recovery period has ended.

Initials/Date:

OR

2. I request not to be resuscitated in case of cardiopulmonary arrest during the procedure.

Initials/Date:

Franciscan HEALTHCARE
Munster

WINKLER, SONYA
MAR [REDACTED] 33 yrs F
MRN: E498835
Adm Date: 9/28/2016

0128255439

Page: 2 of 2

Authorization For and Consent to Surgical
Operations, Diagnostic and Therapeutic
Procedures

CCS ENTRY FORM

Exhibit J

STATE OF INDIANA)
)SS:
LAKE COUNTY)

LAKE COUNTY SUPERIOR COURT
SITTING AT _____
CAUSE NO.: _____

45D01 1810 PL 00401
DO

SONYA WINKLER,)
)
Plaintiff,)
)
v.)
)
ANONYMOUS ALLIANCE, INC.,)
DR. A AND DR. B,)
)
Defendants.)

Filed in Clerks

SEP 06 2018

Michael A. Brown
CLERK LAKE CIRCUIT COURT

FILE STAMP HERE

The activity of the Court should be summarized as follows on the Chronological Case Summary (CCS):

Michael P. Misch enters his Appearance on behalf of Plaintiff. Plaintiff, by counsel, files her Complaint and Summonses. Summonses to be served by counsel.

Attorney for Plaintiff:

Michael P. Misch (#27970-71)
Anderson Agostino & Keller, P.C.
131 S. Taylor Street
South Bend, IN 46601

Attorneys for Defendants:

Kenneth L. Joel, Esq.
Elizabeth R. Polleys, Esq.
Indiana Government Center, 5th Floor
302 W. Washington Street
Indianapolis, IN 46204

(TO BE DESIGNATED BY THE COURT)

This CCS Entry Form shall be:

- ☐ Placed in case file
- ☐ Discarded after entry on the CCS
- ☐ Mailed to all counsel by: _____ Counsel _____ Clerk _____ Court
- ☐ There is no attached order; or

The attached order shall be placed in the RJO: Yes ☐ No ☐

DATE _____

APPROVED _____